



Employer Intern Request Form

CSUSB Department: _____

College: _____

The Employer Intern Request Form provides the college information about an organization's intern needs. The information provided will be included on the College's internship website. Please complete and submit to: _____ Internship Coordinator at: _____.

Organization Name: _____

Organization Website: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Contact Phone: _____

Email Address: _____

Internship Title: _____

Preferred Concentration/s (write in here): _____

Intern Job Description (check if yes): _____

Qualifications: _____

Application Process: _____

Application Closing Date: _____ Intern Start Date: _____

Desired Work Schedule: _____ Wage: _____

Other Information: