HOFSTRA UNIVERSITY
DEPARTMENT OF GLOBAL STUDIES AND GEOGRAPHY
INTERNSHIP SPONSORSHIP FORM

STUDENT/EMPLOYEE’S NAME: ____________________________

NAME OF ORGANIZATION/COMPANY: ________________________

ADDRESS: ____________________________________________

_____________________________________________________

NAME OF INTERN’S IMMEDIATE SUPERVISOR: ____________________________

TITLE/POSITION: ____________________________________________

PHONE NUMBER: ____________________________

EMAIL: ____________________________________________

DURATION OF THE INTERNSHIP: ___________ TO: ___________

TOTAL NUMBER OF HOURS PER WEEK: _________

COMPENSATION PER HOURS: $ ___________ □ Non Compensated

PLEASE LIST SPECIFIC INTERN ACTIVITIES:

1. ____________________________________________

2. ____________________________________________

3. ____________________________________________

4. ____________________________________________

5. ____________________________________________

ADDRESS WHERE INTERN WILL WORK (IF DIFFERENT FROM ABOVE)

_____________________________________________________

_____________________________________________________

_____________________________________________________

DOES THE INTERNSHIP REQUIRE TRAVEL? □ YES □ NO


NAME OF PERSON COMPLETING THIS FORM/DATE

_______________________________
SIGNATURE

_______________________________
DATE ____________________________

FORM TO BE RETURNED TO:
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130 Hofstra University, Hempstead NY 11549
Phone (516) 463-5826, Fax (516) 463-6968
E-mail: gsgeog@hofstra.edu