

**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:**

Department of Global Studies and Geography

209K Roosevelt Hall

130 Hofstra University, Hempstead NY 11549

Phone (516) 463-5826, Fax (516) 463-6968

E-mail: [gsgeog@hofstra.edu](mailto:gsgeog@hofstra.edu)