

**Appendix A**  
**Student Data Information Sheet**

**STUDENT DATA INFORMATION SHEET****Name:** \_\_\_\_\_**Phone:** \_\_\_\_\_**Current Address:** \_\_\_\_\_

\_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

\_\_\_\_\_

**E-mail:** \_\_\_\_\_**Semester of current internship (circle)**

Fall \_\_\_ (yr)      Spring \_\_\_ (yr)      Summer \_\_\_ (yr)

**Internship Site**

Agency: \_\_\_\_\_ Dept.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's

Phone: \_\_\_\_\_

Your phone: \_\_\_\_\_

How many credits of internship are being taken? \_\_\_\_\_

Total hours per week at internship: \_\_\_\_\_

List career ambition here:

**ATTACH A COPY OF YOUR APAS TO THIS FORM.****Turn this form in PRIOR to beginning your internship.**

Return this form to:

Dr. Georgia Keeney

Associate Professor, Health Education

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