



Office of Academic and Career Services

## UW DEOHS Internship Work Plan

Submit the completed, signed work plan to hayleyl@uw.edu no later than one week following start date

### STUDENT INFORMATION

Student:

Student's preferred email during internship:

Student's preferred phone during internship:

### INTERNSHIP SUPERVISOR(S) INFORMATION

Name and Position:

Organization Name:

Email address:

Mailing address:

Phone:

### LOGISTICS

Anticipated internship start date:

Anticipated internship end date:

Primary work location:

Compensation:

Work schedule:

Beyond student's commute to and from internship, will student be required to travel as part of job? If so, please indicate:

- student will drive an agency car.
- student will ride as a passenger in an agency car.
- student will drive own car.
- student will not be required to drive or ride as a passenger.



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**PRIMARY PROJECT DESCRIPTION**

**STUDENT ACTIVITIES AND TASKS**

**PRODUCTS AND/OR DELIVERABLES**

**SIGNATURES**

Student \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Internship  
Coordinator \_\_\_\_\_ Date \_\_\_\_\_