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 ____________