

**Internship Program
Job/Project Description Form**

JOHN CABOT UNIVERSITY
Academic Semester _____ Year _____

From: _____
(Name of Internship Supervisor, and title)

(Name of Organization/Firm)

(Address)

Telephone number () _____ FAX() _____

To: For-credit Internship Program Director
John Cabot University
Fax: (396) 683 2088 e-mail internships@johncabot.edu

Date: _____

Re: Job/Project Description for _____
Name of Student Intern

Job/Project: _____

Work Objectives: _____

Responsibilities/ tasks _____

_____ Hours per week

Work schedule:

Mon. _____	Hours __:__ to __:__	Sat. _____
Tues. _____	Hours __:__ to __:__	
Wed _____	Hours __:__ to __:__	
Thurs. _____	Hours __:__ to __:__	
Fri. _____	Hours __:__ to __:__	