



Internship Report

P.O. Box 1501, Tavares, Florida 32778

Phone: (352) 434-5025

Place of Internship		
Address:		
Contact Person:	Phone #:	
Date of Internship:	Hours of Internship:	
Purpose of Internship:		
Brief Description of Days Activities:		
Other Comments:		
Name of Participant (please print):	Signature of Participant:	Date:
Signature of Internship Sponsor:	Date:	
Acknowledged (Board of Regents)	Date:	