

Internship Opportunity

Thank you for your interest in providing an internship opportunity for Landmark College students. Please complete the below form and return to Jan Coplan, Director of Career Connections, by email jancoplan@landmark.edu or by fax to 802-387-6868.

Date:

| Organization Informa | ation | | | |
|---|-----------|--|---|---|
| Organization | | | | |
| Street Address | | | | |
| City, State, Zip | | | | |
| Website Address | | | | |
| Company Description | | | | |
| Contact Person | | | | |
| Name | | | | |
| Title | | | | |
| Phone | | | | |
| Email | | | | |
| Fax | | | | |
| Type(s) of Internship | Available | | | |
| Summer (provide possible date) | | | | |
| January Term (First 3 weeks of Jan.) | | | | |
| Semester-long (indicate fall and/or spring) | | | | |
| Option for students to work remotely? | | | | |
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Internship Description

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| Position Title | |
| Number of Positions Available | |
| Hours per Week | |
| Length of Internship | |
| Start Date | |
| Pay Rate | |
| Skills, Attributes, and | |
| | |
| Knowledge Desired | |
| | |
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| | |
| Position Description | |
| (attach additional pages or | |
| information as necessary) | |
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| Please provide any ac | dditional information or comments that may be helpful: |
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