



Cooperative Work Experience/Internship Position Description

Please return this to: Christine Espinoza, Cooperative Work Experience/Internship Specialist
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For additional information: 805-922-6966 Ext. 3421

COMPANY INFORMATION (Please complete all items):

Organization/Business Name: _____

Contact Person/Internship Supervisor: _____ Title: _____

Street
Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Web Address: _____ Email: _____

INTERNSHIP INFORMATION:

Internship Position Title: _____

Position Description (what tasks will an intern perform)?

Application Procedures:

Application Deadline (if applicable): _____ Hours per Week: _____

Number of Weeks: _____ How many positions do you have available? _____

Indicate the semesters this position is available: Fall Spring Summer

Academic Preparation or Experience, if required: _____

What is the rate of pay or stipend?
