



Report Your Internship

This form is for students who **do not** intend to receive credit for their internship through HBS/IAC 494. Once an internship has been started or completed, students are not eligible to apply for HBS/IAC 494 credit.

STUDENT INFORMATION	
STUDENT NAME:	ID NUMBER:
STUDENT PHONE:	STUDENT EMAIL:

INTERNSHIP DETAILS	
Organization:	
Position Title:	
Location (city, state, zip code):	
Supervisor Name:	
Supervisor Email:	
Supervisor Title:	
This experience is:	<input type="checkbox"/> Paid If, so at what rate? <input type="checkbox"/> Unpaid
Anticipated Hours Per Week:	
Start Date:	End Date:

STUDENT SIGNATURE	DATE
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