

Appendix – B

EAST CAROLINA UNIVERSITY
Recreation and Leisure Studies
Internship Information Sheet
(Submit Prior to Leaving ECU)

Name: _____ Student ID#: _____
Last First Middle

Home Phone #: (____) _____ Office Phone #: (____) _____

Internship Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Term You Expect to Graduate: Fall Spring Summer Year: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Phone #: (____) _____

Official Name and Mailing Address of Internship Agency:

City: _____ State: _____ Zip Code: _____

Name and Title of Internship Agency Supervisor:

Name: _____ Title: _____

Internship Agency Supervisor Business Address if Different from Above:

City: _____ State: _____ Zip Code: _____

Supervisor's Office Phone Number: (____) _____

Supervisor's Fax Number: (____) _____

Supervisor's E-Mail Address: _____