

Form I
Interior Design Internship Record

(Date)

Student name: _____

Date internship starts: _____

Date internship ends: _____
(Remember that 320 hours must be completed.)

Address during internship: _____

Telephone: (residence) _____ (work) _____

Date of graduation: _____ Classification: _____

Name of host design firm:

Address: _____

Telephone Number: AC(____) _____

Name of contact person as host design firm
(Intern's immediate supervisor): _____

Address if different from that of firm listed above:

Telephone Number: AC(____) _____

***This Internship Record (Form I) should be completed and given to the USM internship coordinator before beginning the internship.