SUNY Upstate Medical University
Office of Diversity and Affirmative Action

Internship Request Form

Department: _____ Supervisor: _____

Phone _____

Job Description

% of Time	Duties/Tasks

Skills, Abilities, and/or Operational Needs: (such as "heavy lifting", "medical terminology", etc.) :

Departmental Authorization

_____

Administrator/Project Director Date

Do Not Write Below This Line

Referrals:

Name Date Time

_____

_____

_____

Selected candidate:_____ Effective Date: _____

Pay Rate: $_____an hour