# Internship Project Description Form - 2013

## Contact Information

<table>
<thead>
<tr>
<th>Department and Organization:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Contact Person and Title:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td>Email:</td>
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</tbody>
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## Internship Logistics

Who will likely supervise the student? List that person’s name, title, telephone and email (if different from above).

Provide the primary location where the intern will be working, if different from above.

Will you be able to provide a stipend or salary? Please note: Hourly salary varies but $14/hr is a competitive rate.

- [ ] Yes (Amount __________)
- [ ] No
- [ ] Will Explore
- [ ] Would like to apply for MPHTC funding

Anticipated duration of internship (i.e. number of hours or months)? **Please note:** Internships typically take place between May and September and last between 325-600 hours.

- [ ] ______ Total Hours
- [ ] ______ Total Weeks
- [ ] ______ Total Months

## Project Description

Intern Title

Describe any concrete or preliminary student project(s). For example, what major programs or activities do you anticipate will be available? What major tasks could the student expect?
List any skills, abilities, or attributes that would help a student successfully complete an internship with your organization (i.e. good oral or written communication, good cross-cultural skills, specific computer skills, language skills, or academic background).

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<tr>
<th>Comment on anything that you would like us to consider as we screen students for your organization (i.e. is a car required, etc.)</th>
</tr>
</thead>
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Please direct any questions to:

Internship Coordinator  
University of Michigan School of Public Health  
Office of Public Health Practice  
1415 Washington Heights  
Ann Arbor, MI 48109  

Phone: 734.763.9234

Return completed form by email or fax by December 31, 2012

internshipcoordinator@umich.edu  
Fax: 734.764.9293