
COTTEY

1000 West Austin, Nevada, Missouri (417) 667-8181

INTERNSHIP POSITION DESCRIPTION

INTERNSHIP SITE: _____

ADDRESS: _____

SITE SUPERVISOR: _____ TITLE: _____

PHONE: _____ FAX: _____ EMAIL: _____

DESCRIPTION OF ORGANIZATION:

DESCRIPTION OF INTERNSHIP EXPERIENCE:

SKILLS PREFERRED: _____

AVAILABILITY:

FALL SEMESTER: _____ SPRING SEMESTER: _____ SUMMER: _____

COMPENSATION TYPE:

PAID _____ UNPAID _____

APPLICATION REQUIREMENTS:

RESUME: _____ YES _____ NO

COVER LETTER: _____ YES _____ NO

TRANSCRIPT: _____ YES _____ NO

ADDITIONAL: _____

Please return this form to:
Academic Assistance Center
Cottey College
1000 W. Austin
Nevada, MO 64772
Phone: (417) 667-6333 ext. 2132
Fax: (417) 448-1030