

INITIAL REPORT

Directions: Please complete the following items. Save to your computer and then upload to ANGEL by the designated due date (according to the Dates Matrix).

STUDENT INFORMATION	
Student's Full Name:	
Preferred/Nick Name:	
PSU ID Number:	
Internship Living Address:	
Living Address Phone Number:	()
Cell Phone Number (if applicable):	()
Email Address:	
AGENCY INFORMATION	
Name of Internship Agency:	
Department (if applicable):	
Internship Agency Full Address:	
Full Name of Agency Supervisor:	
Title of Agency Supervisor:	
Agency Supervisor's Phone Number:	()
Student's Phone Number at Agency:	()
Full Name of Agency's Director/Owner:	
DATE OF START OF INTERNSHIP:	
TENTATIVE COMPLETION DATE:	
Usual Work Days/Hours:	
Major Duties Assigned:	