

**ITHACA COLLEGE LOS ANGELES PROGRAM
REMOTE INTERNSHIP REGISTRATION FORM**

NAME: _____ DATE: _____

PHONE: _____ EMAIL: _____

ICLA ADVISOR: _____

DIRECTIONS: (TO BE COMPLETED THE FIRST WEEK OF YOUR INTERNSHIP)

1. Complete this form in consultation with your remote supervisor.
2. E-sign the form, save, and email to iclaprogram.spring2022@gmail.com.
3. Your ICLA advisor will add their signature and send it back to you for your files. Forward a copy to your internship supervisor.

INTERNSHIP COMPANY NAME: _____

DEPARTMENT: _____

ADDRESS: _____
STREET SUITE

CITY, STATE ZIP CODE

INTERNSHIP SUPERVISOR: _____

PHONE: _____ **EMAIL:** _____

INTERN WORK SCHEDULE

(INDICATE APPROXIMATE WORK SCHEUDLE, i.e. 9am – 5pm)

| | | | | |
|----------|---------|----------------------|----------|--------|
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| SATURDAY | SUNDAY | TOTAL HOURS PER WEEK | | |

STUDENT SIGNATURE

ICLA ADVISOR SIGNATURE