



INTERNSHIP REQUEST FORM

Cooperative Education (Co-op)

808.984.3318 | careerLK@hawaii.edu | The Learning Center (TLC)

Company Name:	Phone Number:					
Location Address:			Zip Code:			
Hours of Operation:		Website:				
Internship Supervisor Name:		Supervisor Posi	ition Title:			
Mailing Address:	City, State: _			Zip Code:		
Email Address:	Phone Number:					
Intern Position Title: Internship Description (primary duties and trainin						
Intern Position Title:						
Intern Position Title:	g intern will receive):					
Intern Position Title:	g intern will receive):					
Intern Position Title:	g intern will receive):					
ntern Position Title:	g intern will receive):					
Intern Position Title: Internship Description (primary duties and trainin Qualifications (computer, certifications, etc.):	g intern will receive):					
ntern Position Title:	g intern will receive):	ering Tech.	Select sem		hip is available	
Intern Position Title:	g intern will receive):	ering Tech.	Select sem	nester(s) intern	ship is available st – December)	

□ Hybrid a combination of (Face-to-Face + Virtual) internship experience.

What to submit: (select all that apply)

🗆 Sunday		Monday		Tuesday		Wednesday		Thursday		🗆 Friday		Saturday	
To:	a.m.	To:	a.m.	To:	a.m.	To:	a.m.	To:	a.m.	To:	a.m.	To:	a.m.
	p.m.		p.m.		p.m.		p.m.		p.m.		p.m.		p.m.
From:	a.m.	From:	a.m.	From:	a.m.	From:	a.m.	From:	a.m.	From:	a.m.	From:	a.m.
	p.m.		p.m.		p.m.		p.m.		p.m.		p.m.		p.m.

Will this Cooperative Education experience be a: D Face-to-Face: or D Virtual (if so what platform will you require)?_____

□ Cover Letter

Will this Cooperative Education experienc		or 🛛 UNPAID internship?			
Will you be interested in providing Sponso	or opportunities for F-1 Visa s	students?	□ Yes	🗆 No	
How to apply: (select all that apply)	□ In-person	🗆 Email		□ Fax, phone number:	

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□ Resume

□ References