

University at Buffalo
State University of New York

DEPARTMENT OF ANTHROPOLOGY

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**RECORD OF INTERNSHIP
APY 496**

At the close of your Internship, please:

- complete the *Record of Internship* form;
- acquire requested signatures;
- keep a copy for yourself; and give one, to your APY Internship Faculty Advisor and Host Agency Supervisor
- submit this "*Record of Internship*" form (and attachments, if any) to: the departmental Undergraduate Office.

Student Name _____ Person No. _____

Current Address _____
(Street) (City) (State) (Zip code)

Home Phone _____ Cell Phone _____ E-mail _____

APY Internship Faculty Advisor _____ Current Semester _____
Semester/Year

No. of Credits _____

HOST AGENCY LOCATION and INTERNSHIP DATA

Host Agency: _____

Address: _____
(Street) (City) (State) (Zip code)

Name of Host Agency Supervisor _____

Title of Host Agency Supervisor _____

Telephone _____ E-mail _____

DESCRIPTION OF INTERNSHIP EXPERIENCE

Please provide a brief description of your Internship experience, as well as, any other appropriate comments.

Faculty Advisor _____ Date _____
(Signature)

Host Agency Supervisor _____ Date _____
(Signature)

Student _____ Date _____
(Signature)