

University at Buffalo
State University of New York
DEPARTMENT OF ANTHROPOLOGY
Office of Undergraduate Studies
380 Academic Center – Ellicott Complex
Buffalo, NY 14261-0026

APY 496 – Record of Internship Form

At the close of your Internship, please:

- complete this *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)

Phone: _____ **E-mail:** _____

APY Internship Faculty Advisor: _____ **Semester of Internship:** _____
Semester/Year

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: _____

Phone: _____ **E-mail:** _____

DESCRIPTION OF INTERNSHIP EXPERIENCE

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

Faculty Advisor Signature: _____ **Date:** _____

Host Agency Supervisor Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____