

***SPONSORING INSTITUTION FORM***  
Rowan University Department of History

Semester of Internship

Name of Institution Sponsoring Intern

Institution Address

Internship Job Title/ Title of Project

Projected Duties, Tasks, and Obligations on Interns

Tentative Day-by-Day Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

Sponsoring Institution Supervisor and Telephone Number

\_\_\_\_\_ (Printed or Typed Name, Date)

\_\_\_\_\_ (Signature)