

# **GO-OP STUDENT DATASHEET**

Semester:

Faculty Advisor:

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## **Student Contact Information:**

Name:

SAIC ID#:

Email Address:

Phone Number:

Year in school/ Area of focus:

## **Employer Contact Information:**

Company Name:

Company Address:

Supervisor Name:

Supervisor Phone Number:

## **Internship:**

On what day did you begin your internship?

What is your work schedule? Please include days/ times.

If this is a paid position, are you being paid regularly and the correct amount?

Have you worked with this employer before? When?

