



大紐約區華人教育基金會  
SUMMER INTERNSHIP PROGRAM 2008

INTERN REQUEST FORM

COMPANY/ORGANIZATION: \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ INTERN WILL REPORT TO \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ WORKSITE/LOCATION \_\_\_\_\_

PROVIDE STIPEND: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, SPECIFY \_\_\_\_\_

REQUIREMENTS/SKILLS NEEDED: \_\_\_\_\_

JOB DESCRIPTION:

WHAT LEVEL STUDENTS DO YOU ACCEPT:  
HIGH SCHOOL \_\_\_\_\_ COLLEGE \_\_\_\_\_ BOTH \_\_\_\_\_

**AUTHORIZING SIGNATURES MUST INCLUDE REQUESTOR'S AS WELL AS REQUESTOR'S SUPERVISOR.**

AUTHORIZING SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE USE A SEPARATE FORM FOR EACH INTERN REQUEST

EMAIL OR FAX COMPLETED FORM TO: MING-DER CHANG (FAX) 718-886-8890  
[MDYCHANG@OPTONLINE.NET](mailto:MDYCHANG@OPTONLINE.NET) BY APR. 30, 2008