



GENERAL INFORMATION FORM

Internship/Work experience registration may not be completed, nor work begun, until this form (General Information Form) and the Learning Agreement are completed and given to Multimedia Internship Coordinator.

STUDENT INFORMATION

NAME: STUDENT ID#:

LACCD EMAIL:

PERSONAL EMAIL:

MOBILE PHONE: DATE OF BIRTH:

STUDENT COURSE WORK

PROGRAM OF STUDY: UNITS COMPLETE:

INDUSTRY ORIENTATION WORKSHOP COMPLETE:

ENROLLED IN OR COMPLETED INTERNSHIP COURSE:

ADOBE CERTIFICATION COMPLETED:

OTHER CERTIFICATION COMPLETED:

SKILLS SHEET COMPLETED: LEARNING OBJECTIVES FORM COMPLETED:

WORK SITE INFORMATION

COMPANY: PHONE:

ADDRESS:

WORKER SUPERVISOR:

SUPERVISOR EMAIL:

INTERNSHIP JOB TITLE:

INDICATE PAID OR NON PAID: INDICATE # OF WEEKS:

INDICATE # OF HOURS PER WEEK: