



INTERNSHIP PLACEMENT REQUEST

Name	Last:	First:
Phone Numbers	Cell:	Home:
E-mail Addresses		
University or College		Advisor/Contact:
	Semester One	Semester Two
Subject Area		
Dates Requested:		
School Requested:	1st Choice:	2nd Choice:

Lakeland Graduate or Alumnus? Yes No

Other relationship or special interest in the district?

Comments: