

**ILLINOIS STATE UNIVERSITY  
PROFESSIONAL PRACTICE STUDENT INFORMATION**

**FORM 1**

**DEPARTMENT: 515**

**COURSE NO: 398**

**SECTION: 1**

**SEMESTER ENROLLED: SPRING - \_\_\_\_\_ YEAR \_\_\_\_\_**

**SUMMER \_\_\_\_\_**

**FALL \_\_\_\_\_**

**Student ID number: \_\_\_\_\_**

**NAME: \_\_\_\_\_**

**Check HERE IF HEALTH/ACCIDENT INSURANCE FORM IS ON  
FILE: \_\_\_\_\_**

**INTERNSHIP BEGIN DATE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_**

**INTERNSHIP END DATE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_**

**EXPERIENCE TYPE: PAID \_\_\_\_\_ UNPAID \_\_\_\_\_**

**HOURS WORKED: \_\_\_\_\_/WEEK OR \_\_\_\_\_/MONTH**

**REQUIRED INTERNSHIP - YES**

**RENUMERATION:**

**\$ \_\_\_\_\_/HOUR OR \$ \_\_\_\_\_/WEEK OR \$ \_\_\_\_\_/MONTH OR \$  
\_\_\_\_\_/FLAT**

**EMPLOYER INFORMATION:**

**SITE NAME:**

\_\_\_\_\_

**ADDRESS:**

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**CITY, STATE:**

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**SITE SUPERVISOR:**

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**PHONE:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**FACULTY COORDINATOR: Jim Dirks**