



Employer Internship Data Form

Return this form via Fax or Scan to:
 Department of Construction Management
 Lyles College of Engineering
 Attn: Brad Hyatt
 Fax: 559-278-4475
 E-mail: bhyatt@csufresno.edu

Please clearly complete all sections of the form

Student Intern Name:					
Company Information					
Company Name:					
Primary Point of Contact:					
Email Address:					
Address:					
City:		State:		Zip Code:	
Telephone:		Fax:			
Name of Supervisor (if different than primary contact):					
Email of Supervisor (if different than primary contact):					
Start Date:		End Date:			
Compensation	Estimated hours per wk		Hourly pay rate:	\$ _____	
<p><u>Briefly describe the general work to be performed.</u> <i>Note: It is expected that a majority of the work performed will be related to construction management. For example: tracking RFI's, submittals, changes, or other project documents; assisting with field observations; observing work planning; tracking progress; participating in owner, designer, and/or subcontractor meetings; general estimating; etc.</i> Please contact the CM Department if you have any questions.</p>					

Notes:

1. If the internship is terminated for any reason, notify the Department of Construction Management within ten (10) working days.
2. The department's internship coordinator will contact the intern's supervisor at least once during the internship (as scheduled with the department) to discuss the progress of the intern.
3. The supervisor is expected to provide a brief final evaluation of the intern's work (form to be supplied by the department).