

The Academy of Science and Medicine

Crescenta Valley High School

Application for Senior Internship & Mentoring

Student Name	Grade	I.D. Number
Telephone		E-Mail
I am doing my internship at _		
	Internship Address	
[will be under the supervisio	n of	
Title	Telephone	E-Mail (if available)
Academy Authorization (O. Tuason)		Date

On the back of this form, describe the purpose, or goal of your internship. What will your responsibilities be? Why did you choose this particular internship? Other than fulfilling one of your Academy requirements, what do you hope to get out of completing your internship? Please type this description of your internship, and take advantage of your computer's spelling & grammar checker.