

Mississippi University for Women
Culinary Arts Institute
Tel 662-241-7472

Culinary Internship Arrangements

STUDENT _____

TERM _____

HOST SITE: _____

Address: _____

_____ Phone _____

Supervisor's Name: _____

Supervisor's Title: _____

Supervisor's E-Mail address _____

During my internship, I can be reached at: _____

Phone: _____ E-mail: _____

I plan to begin work on _____ and end on _____

€ Yes, I have registered for CA 350 for _____ credit hours.

€ Yes, I understand that I must pay regular tuition fees for these credit hours.

€ Yes, I understand that I do NOT have medical insurance coverage or workers comp coverage through MUW during my internship, and that any medical expenses incurred will be my own responsibility.

Signature

Date

