

EDISON HIGH SCHOOL

CIBACS

(Work site information to be filled out by supervisor)

Date: _____

Student's Name: _____

Company's Name: _____

Supervisor's Name: _____

Address: _____

Email Address: _____

Fax Number: _____

Phone Number: _____

Work Description: _____

Approximate Dates for Internship: _____

Work Description for Student: _____

Supervisor's Signature: _____