

## UNC Charlotte MHA Internship Contact Form

### Student Information

**Student Name:** \_\_\_\_\_ **BANNER ID:** \_\_\_\_\_

#### Contact Information During Internship:

**Email:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

### Agency Information

**Agency/Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

### Preceptor Information

**Preceptor Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Semester/Year of Registration:** \_\_\_\_\_

**Proposed Start Date:** \_\_\_\_\_ **Proposed End Date:** \_\_\_\_\_

**Proposed Internship Objectives:**

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