

Student-Intern Host Organization Information

International Research Center
Midwest International Office
Midwest University
MIO@midwest.edu

Host Organization Information		
Host Organization Name	Website URL	
Phases Site Address		
<div style="display: flex; justify-content: space-around;"> City State ZIP Code </div>		
Employer ID Number (EIN)	Internship Hours Per Week <small>(Minimum of 32 hrs/week)</small>	Compensation Stipend <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much ? \$ _____ per _____ Non-monetary Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Value? _____ per _____
Workers' Compensation Policy <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, Name of Carrier _____		Does your workers' compensation policy cover student-Intern? <input type="checkbox"/> Yes <input type="checkbox"/> No, exempt <input type="checkbox"/> No, but equivalent coverage
Number of FT Employees Onsite at Location	Annual Revenue <input type="checkbox"/> \$0 to \$3 Million <input type="checkbox"/> \$3 Million to \$10 Million <input type="checkbox"/> \$10 Million to \$25 Million <input type="checkbox"/> \$25 Million or More	Total Employee
Training/Internship Date (mm-dd-yyyy) *minimum period -12 months <div style="display: flex; justify-content: space-between;"> From To </div>		
Supervisor Contact Information		
Name		
Phone	Email	
Printed Name of Supervisor _____ Date (mm-dd-yyyy) _____		
Signature of Supervisor _____		