

QUEENS COLLEGE
Graduate School of Library and Information Studies

LBSCI 795: INTERNSHIP SITE PROFILE

Semester: _____ Year: _____

Student's Name: _____
Print first and last name

Name of Internship Site: _____
Print full name of organization/institution where internship will take place

Address of Site: _____
Street Address

City, State, Zip

Site's Phone Number: _____

Type of Library: Public Special Academic Library School Media Center Other

If *other*, please specify: _____

Did you interview for the internship position? Yes No

If *yes*, how? In person By phone Via email/Online

Did you have to submit a resume for internship position? Yes No

Is internship position paid or unpaid? Paid Unpaid

Date site was *secured*: _____

Date you will *start* your internship: _____

*** NO INTERNSHIP HOURS MAY BE CLOCKED **BEFORE** THE OFFICIAL **FIRST DAY** OF CLASS ***

Name of Site Supervisor: _____

Site Supervisor's Email Address: _____

Site Supervisor's Contact Telephone Number: _____

Does Site Supervisor have an MLS or MLIS degree? Yes No

Is Site Supervisor a Certified School Library Media Specialist? Yes No Not Applicable (N/A)

Is Site Supervisor a Certified LMS for at least THREE YEARS? Yes No I Don't Know N/A

Have you and your Site Supervisor developed an Action Plan? Yes No

Is the Action Plan on the internship site's *original* letterhead Yes No

Does the Action Plan have your and your site supervisor's *original* signatures? Yes No