## **Career Readiness Requirement**





PRODUCTION COMPANY				
Date		Queue #		
Project Title				
Primary Contact's Name				
Email Address				
ffice Phone		Cell Phone		
CAREER READINESS ORGANIZAT	ION			
School				
District				
Program Type				
Site-Based Supervisor				
Name	e		Position	
mail		Phone		
Student Intern				
Name		Age (must I	be 18 years of age)	
Course				
Email				
Email	duction area)			
Email Internship Description (location, duration, prod  Internship Hours: PROJECTED  Minimum 75 Hours	duction area)	End Date		
Internship Description (location, duration, production)  Internship Hours: PROJECTED  Minimum 75 Hours  Production Company Authorization	Start Date Site Super	End Date visor Authorization	Total # of Hours	
Internship Description (location, duration, production Company Authorization  Primary Contact	Start Date Site Super Primary Co	End Date  End Date  visor Authorization	Total # of Hours	
Internship Description (location, duration, production Froduction Company Authorization  Primary Contact	Start Date Site Super Primary Co	End Date  End Date  visor Authorization	Total # of Hours	
Email Internship Description (location, duration, prod	Start Date Site Super Primary Co	End Date  visor Authorization	Total # of Hours	
Internship Description (location, duration, production Company Authorization Primary Contact Date Internship Hours: COMPLETED Minimum 75 Hours	Start Date Site Super Primary Co Date Start Date	End Date  visor Authorization  ontact  End Date	Total # of Hours	
Internship Description (location, duration, production Company Authorization Primary Contact Date Internship Hours: COMPLETED Minimum 75 Hours  Production Company Authorization Primary Contact Date Production Company Authorization Minimum 75 Hours	Start Date  Start Date  Primary Co Date  Start Date  Start Date  Start Date	End Date  visor Authorization  ntact  End Date  End Date	Total # of Hours	
Internship Description (location, duration, production)  Internship Hours: PROJECTED  Minimum 75 Hours  Production Company Authorization  Primary Contact  Date  Internship Hours: COMPLETED  Minimum 75 Hours  Production Company Authorization	Start Date  Start Date  Primary Co Date  Start Date  Start Date  Start Date	End Date  visor Authorization  ntact  End Date  End Date	Total # of Hours  Total # of Hours	
Internship Description (location, duration, production Frimary Contact  Internship Hours: PROJECTED  Minimum 75 Hours  Production Company Authorization  Primary Contact  Internship Hours: COMPLETED  Minimum 75 Hours  Production Company Authorization  Primary Contact  Primary Contact	Start Date Site Super Primary Co Date Start Date Start Date Primary Co Date Primary Co	End Date  visor Authorization  antact  End Date  visor Authorization  ontact	Total # of Hours  Total # of Hours	
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