2020 Wisconsin Summer Internship Program

This form much be complete and submitted for each unique position.

For questions, please e-mail your Agency Intern Coordinator or WIEmployeeOpportunities@wi.gov

Agency Internship Coordinator*:	
Agency/University*:	
Division/Unit:	
Internship Class Title (e.g., IS Professional in Training)*:	
Internship Working Title (e.g., IT Desktop Support)*:	
Number of Hires*:	
Minimum Hourly Rate*:	
Maximum Hourly Rate:	
Internship Position Location (City)*:	
Intern's Supervisor*:	
Intern's Supervisor E-mail*:	
Brief Description of Duties*: (Minimum 200 Characters, Maximum 1500 Characters)	
Brief Description of Knowledge & Skills Preferred*: (Minimum 100 Characters, Maximum 1000 Characters)	
First Related Area of Study*:	Please enter first area of study
Second Related Area of Study:	Please enter second area of study
Third Related Area of Study:	Please enter third area of study

By submitting this form, you assert that you have the designated authority to enter into an employment agreement and agree to the terms set forth in this document.
Return this form to your Agency Intern Coordinator prior to November 8, 2019.

* denotes a required field