

PETITION FOR APPROVAL OF INTERNSHIP HOURS

Student's Name	Student Number
Name of High School	
In order to receive internship hours, you must community service experience.	complete the information below regarding your internship or
Submit this form to your Career & Commu	mity Resource Coordinator at your high school.
Circle One: Community Service Intern	nship Job Shadow
Name of Company/Organization	Print Mentor's Name
Address, City & State	Phone
Beginning Date Of Internship	Ending Date Of Internship
Total Number Of Hours Served	
Student's Signature The Career & Community Resource Coord	Mentor's Signature linator will complete this section:

The Columbus City School District does not discriminate based upon sex, race, color, national origin, religion, age, disability, sexual orientation, gender identity/expression, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable in all district programs and activities.

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