



CAL MARITIME

## Internship Sponsor Form

Name of Company: \_\_\_\_\_ Department: \_\_\_\_\_

Full Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Job Information

Describe the internship position and duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the application process and timeline: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special skills / certifications or training that is required: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Paid Position:  Yes  No Work week / hours: \_\_\_\_\_

Thank you for your participation!

Please submit to Career Services: [careerdevelopment@csum.edu](mailto:careerdevelopment@csum.edu)

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CALIFORNIA MARITIME ACADEMY

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