



UNITY COLLEGE INTERNSHIP PROGRAM
INTERNSHIP WITHDRAWAL FORM

Student Name _____

Supervisor Name _____

Organization Name _____

Date of Withdrawal: _____

Reason for Withdrawal:

Please consider contacting the Career Resource Center and/or your faculty sponsor to discuss the difficulties you are having before withdrawing from your internship. Also review the "Problems at your site?" section of the internship handbook.

Please see withdrawal procedures section of internship handbook. You must withdraw by the specified deadlines or you will be charged for the internship and receive a failing grade!

Student Signature

Supervisor Signature/Date

Please complete form and mail or fax to the CRC office immediately after or prior to leaving site.

Mailing address: Career Resource Center, Unity College, 90 Quaker Hill Road, Unity, ME 04988

Email address: crc@unity.edu

Phone: 207.948.3131 ext 213

Fax: 207.649.6277