

AOIT PARENT NAME(S) \_\_\_\_\_

<b>Internship Referral Sheet</b>							
<b>Internship</b>	<b>Contact Name</b>	<b>Job Title</b>	<b>Email Address</b>	<b>Phone Number (cell)</b>	<b>Phone Number (office)</b>	<b>Internship Description</b>	<b>Internship Location</b>
<b>Opportunity #1</b>							
<b>Opportunity #2</b>							
<b>Opportunity #3</b>							
<b>Opportunity #4</b>							
<b>Opportunity #5</b>							

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**DAMASCUS**  
**HIGH SCHOOL**  
ACADEMY OF INFORMATION TECHNOLOGY