

Supervising Agency Interview Report

After the interview, please return this completed form to:
Dr. Jeff Bolles, Health Promotion Coordinator, by fax at 910-521-6540 or mail at UNC
Pembroke; Jones HPER Building; PO Box 1510, One University Drive; Pembroke, NC
28372

Student's Name: _____ Date: _____

An interview has been completed with the above-named student. *(CHECK one)*
We WILL WILL NOT consider the student as an intern.

Comments (required if student has been denied an internship opportunity):

Name of Interviewer: _____

Title: _____

Agency or Business Name: _____

Address: _____

Phone: _____

Signature of Interviewer

Date