



Master of Health Informatics – Student Internship Form

Note: Approval is required before an internship can begin.

Dates of internship: from _____ to: _____

Student Information: Student Name: _____ Banner ID: B _____

Signature:

Telephone:

E-Mail Address:

Employer Information: Employer Name:

Supervisors:

Title:

Telephone

Fax:

E-mail Address:

Internship Description: Job Title:

Description:

Lessons to be Learned:

Submit to: Dr. Raza Abidi (raza.abidi@dal.ca) and Deirdre Harvey (deirdre.harvey@dal.ca)