

Student is responsible for completing this form (with student, faculty adviser and employer signatures) and returning it to the Career Services Center (SSC 3258).

Student Information

Student's Name (Print) _____

Date _____

Total Internship Credit Hours _____

Field of Study _____

Email _____

Faculty Adviser's Name _____

Phone _____

Student's Position Title _____

Wage: \$ _____ / Hr Non-Paid _____

Employer/Supervisor Information

Company/Agency Name (Print) _____

Supervisor's Name _____

Telephone Number _____

Supervisor's Title _____

Email _____

Student & Faculty Adviser

List measurable learning goals based on the internship description, which will improve assessed skills. This portion should be completed by the student and faculty adviser in consultation with the employer.

1. Learning Goal: _____

Learning Plan: _____

Evaluation Rubric: _____

2. Learning Goal: _____

Learning Plan: _____

Evaluation Rubric: _____

3. Learning Goal: _____

Learning Plan: _____

Evaluation Rubric: _____

4. Learning Goal: _____

Learning Plan: _____

Evaluation Rubric: _____

Use an additional sheet, if desired. 75 hours of work = 1 credit

We agree to the learning goals listed above.
 The **employer** agrees to supervise and mentor the student in a safe environment.
 The **faculty adviser** agrees to guide student learning and assign a grade.
 The **student** agrees to meet or exceed the stated goals and work requirements.

STUDENT SIGNATURE _____

FACULTY ADVISER SIGNATURE _____

ASSOCIATE DEAN SIGNATURE _____

EMPLOYER/SUPERVISOR SIGNATURE _____