

Student is responsible for completing this form and retrieving signatures. Once your final version is complete, make three copies. Retain one copy and provide copies to your faculty adviser and site supervisor. Submit the original signed agreement to the Career Services Center (SSC 3258) at the conclusion of your internship.

Term _____ Start Date _____ End Date _____

Student Name _____ Employer Name _____

Faculty Adviser Name _____ Supervisor Name _____

Work Experience Learning Activities

Hours worked

Weeks 1-2 Begin work, complete initial assessment and learning agreement. _____

Weeks 3-4 _____

Weeks 5-6 _____

Weeks 7-8 End of Summer Term or Midterm Fall/Spring. Check in with your faculty adviser. _____

Weeks 9-10 _____

Weeks 11-12 _____

Weeks 13-14 _____

Weeks 15-16 Complete work, student record and final assessments; schedule appointment _____

with faculty adviser. _____

Total hours

Student Signature

Date

Supervisor Signature

Faculty Adviser Signature