

Job Description: (obtained from the site supervisor, may be attached)

Training & Onsite Supervision (Who will provide it? How frequently will it occur? What methods will be used?)

ACADEMIC INFORMATION: (IF APPLICABLE)

Faculty Sponsor: _____ Title: _____

Phone Number: _____ Email: _____

Number of Credit Hours Assigned: _____ Course Title: _____ Course Number: _____

Student: please state your learning objectives for this internship (attach additional sheets if necessary)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Employer: Please state the student's primary duties/projects for this internship.

I agree to complete a midterm review and a final term review.

SIGNATURES:

Student: _____ Date: _____

Site Supervisor: _____ Date: _____

Faculty Sponsor: _____ Date: _____

Career Services Director: _____ Date: _____