**Internship Information (Form 1)**

**(must be submitted to Registrar’s Office as a prerequisite for enrollment)**

**Student Intern Information**

Name:Click here to enter text. ID # Click here to enter text. Phone:Click here to enter text.

E-mail:Click here to enter text. Student’s address during internship:Click here to enter text.

Class standing: [ ]  Freshman [ ]  Sophomore [ ]  Junior [ ]  Senior

Major(s)/Minor(s):Click here to enter text.

**Internship Information**

Course # Click here to enter text. Course Title Click here to enter text. Dept.Click here to enter text.

# of credit hrs Click here to enter text. Semester/year (i.e. Fall 2012) Click here to enter text.

Hours to work per week: Click here to enter text.#of weeksClick here to enter text.

Total hoursClick here to enter text.

Site work schedule (i.e. Monday 12-4:30 p.m.):

Monday Click here to enter text.Tuesday Click here to enter text. Wednesday Click here to enter text.

Thursday Click here to enter text.Friday Click here to enter text.

Is the position paid? [ ]  Yes [ ]  No Amount? Click here to enter text.

Effective dates: Starting Click here to enter text. Ending Click here to enter text.

Briefly describe the role you plan to undertake as an intern:

Click here to enter text.

**Site Supervisor Information**

Name:Click here to enter text. Title of Supervisor Click here to enter text.

Organization: Click here to enter text.

Street Address Click here to enter text. City: Click here to enter text. State: Click here to enter text.

Zip: Click here to enter text. Phone: Click here to enter text. Fax:Click here to enter text.

E-mail: Click here to enter text.

**Internship Advisor Information (Faculty)**

Name Click here to enter text.

Phone Click here to enter text. e-mail Click here to enter text.

**Student’s Academic Advisor Information (Faculty)**

Name Click here to enter text.

Phone Click here to enter text. e-mail Click here to enter text.

**Student’s Learning Goals** (what does the student want to learn from the experience)

**Goal 1:** Click here to enter text.

**Strategy:** (how student will accomplish goal) Click here to enter text.

**Goal 2:** Click here to enter text.

**Strategy:** Click here to enter text.

**Evaluation Methods** (Journal entries, final paper or presentation – decided by Faculty Internship Advisor)

Click here to enter text.

Intern signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_ \_

Internship Advisor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_ \_ Division Chair signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ date \_\_\_\_

Rev. 11/2012