

Internship Information Form
CENTRAL METHODIST UNIVERSITY



Student Intern Information

Name: _____ ID # _____ Phone: _____ E-mail: _____
Student's address during internship: _____
Class standing: ___ Freshman ___ Sophomore ___ Junior ___ Senior
Major(s)/Minor(s): _____

Internship Information

Course # _____ Course Title _____ Dept. _____ # of credit hours _____
Semester/year (i.e. Fall 2007) _____
Hours to work per week: _____ #of weeks _____ Total hours _____
Site work schedule (i.e. Monday 12-4:30 p.m.):
Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
Is the position paid? ___ Yes ___ No ___ Amount? _____
Effective dates: Starting _____ Ending _____
Briefly describe the role you plan to undertake as an intern:

Site Supervisor Information

Name: _____ Title of Supervisor: _____
Organization: _____
Street Address: _____ City: _____ State: ___ Zip: _____
Phone: _____ Fax: _____ E-mail: _____

Internship Advisor Information (Faculty)

Name _____
Phone and e-mail _____

Student's Academic Advisor Information (Faculty)

Name _____
Phone and e-mail _____

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

Goal 1: _____

Strategy: (how student will accomplish goal) _____

Goal 2: _____

Strategy: _____

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

Intern signature _____ date _____
Internship Advisor signature _____ date _____
Division Chair signature _____ date _____
Dean's signature _____ date _____