

**CREDIT INTERNSHIP
LEARNING AGREEMENT PLAN**

Name _____ Term _____
ID # _____ Box # _____ Grad Year _____
Campus Phone _____
Internship Title (24 Spaces) _____
Address During Internship _____
Telephone (during internship) _____ Email: _____

Student's Signature

Date

Career Services Director's Signature

Date

TO BE COMPLETED BY FACULTY SPONSOR

Internship Department _____ Section _____ Cr. Hr. _____ Hrs/wk _____

Internship Seminar	_____	Section	_____	Cr. Hr.	_____	2 cr = 8 hrs/wk	6 cr = 24 hrs/wk
						3 cr = 12 hrs/wk	7 cr = 28 hrs/wk
						4 cr = 16 hrs/wk	8 cr = 32 hrs/wk
						5 cr = 20 hrs wk	9 cr = 36 hrs wk

MAXIMUM 15 CREDIT HOURS

Employer Name: _____

Address of Internship Employer: _____

_____ E-mail: _____

On-Site Supervisor Name (Print): _____ Title: _____

On-Site Supervisor Signature: _____ On-Site Phone: _____

Brief Description of Internship: _____

Brief Description of Seminar Requirements: _____

SUBMIT TWO WEEKS PRIOR TO THE BEGINNING OF THE INTERNSHIP TERM. IF YOU WILL BE RESIDING OFF CAMPUS, YOU MUST NOTIFY THE ACCOUNTING OFFICE, THE CAREER SERVICES OFFICE, RESIDENTIAL LIFE/HOUSING AND THE REGISTRAR BEFORE ACCEPTING THE INTERNSHIP.

(See Other Side)

EVALUATION PROCESS: (To be completed by faculty sponsor) _____

FACULTY SPONSOR'S STATEMENT: _____

By signing below the faculty sponsor agrees to advise and evaluate the intern and to make two on-site visits (where appropriate) during the course of the internship and to check on the intern's progress through regular contact with the student and their on-site supervisor.

_____	_____	_____
SIGNATURE	DATE	PRINTED NAME

DEPARTMENT CHAIRPERSON'S STATEMENT: _____

_____	_____	_____
SIGNATURE	DATE	PRINTED NAME

_____	_____	_____	_____
ADVISOR'S SIGNATURE	DATE	ADVISOR'S SIGNATURE	DATE

_____	_____
ADVISOR'S PRINTED NAME	ADVISOR'S PRINTED NAME

REGISTRAR'S STATEMENT: _____

_____	_____
SIGNATURE	DATE

