

Return completed form to Office of Experiential Learning, B-4 Thaw Hall, no later than the term add/drop deadline.

I. Student's Name _____ PeopleSoft ID # _____

Total Credits Earned (to date) _____ Major _____ GPA _____

Local Phone _____ E-mail _____

II. Company/Organization Name _____

Supervisor's Name and Title (Please Print) _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____ E-mail _____

Does your organization have comprehensive liability coverage in place for interns working on site and at any location where interns are asked to work: _____

Describe the responsibilities of the intern and what he/she will learn from this experience.

Describe how you will supervise and evaluate the intern. How often will this be done?

Note: The Office of Experiential Learning will send an evaluation form to be completed near the end of the internship.

Hours per Week _____ Dates of Internship _____

Supervisor's Signature _____ **Date** _____

III. Faculty: List the requirements for the academic component of the internship. Include the students learning objectives for the experience. The number of credits is based on the academic work to be completed.

Number of Credits for the Internship (circle number; maximum of 3 credits per term) 1 2 3 Term _____

Other credits student is earning this term (maximum of 18 total credits per term without special permission) _____

Faculty Sponsor Name (Please Print!) _____ **Dept** _____

Faculty Signature _____ **Date** _____ **Campus Address** _____

Campus Phone: _____ **Email:** _____

IV. Student Signature _____ **Date** _____

OEL Internship Coordinator Signature _____ **Date** _____

Office Use: _____ CompID _____ FacID _____ Date in EL DB _____