



STUDENT'S NAME _____ SOCIAL SECURITY # _____

LOCAL PHONE _____ EMAIL _____

TERM _____ YEAR _____ HOURS PER WEEK _____ NUMBER CREDITS _____

SITE DETAILS: (Only students doing internships, not independent studies, need fill out this section.)

COMPANY/ORGANIZATION NAME _____

SUPERVISOR'S NAME/TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

PURPOSE: (What do you expect to learn from this project?)

PROCEDURE: (What will you do at the internship site or what research will you conduct in your independent study?)

PRODUCT: (Tangible outcomes such as journals, papers, or presentations.)

INTERNSHIP SUPERVISOR RESPONSIBILITIES:
(Describe how the student will be supervised and evaluated.)

FACULTY SPONSOR RESPONSIBILITIES:
(Describe how the student will be supervised and evaluated.)

Supervisor Signature: _____

Faculty Signature: _____

Student Signature: _____

Dept Chair Signature: _____