



INTERNSHIP LEARNING AGREEMENT

To request internship approval, please complete **ALL** fields below, including both signatures. If your internship is approved, you will receive an email confirming your start date. **IMPORTANT!** Do not begin working until your internship has been approved. Any hours worked before your internship approval date cannot be counted for the class.

INTERNSHIP SITE INFORMATION

Company name _____

Address _____

City _____ State _____ Zip code _____

Internship supervisor Name _____

Internship supervisor Title _____

Email _____ Direct phone # _____

STUDENT INFORMATION

Name _____ Student ID# _____

Campus email _____ Phone # _____

Major _____ Desired start date at internship (if approved) _____

Is this internship fully remote, on-site or both?

Remote

On-site

Both

Is this internship paid or unpaid?

Paid

Unpaid

How did you find this internship?

HANDSHAKE

Other _____

COMPANY/ORGANIZATION DESCRIPTION

Please provide a brief description of the company or organization, including the department or unit in which the intern will work:

INTERNSHIP DESCRIPTION

Please list the intern's primary responsibilities, including any projects they may be working on during their internship:

SUPERVISOR'S SIGNATURE: _____ DATE: _____

STUDENT'S SIGNATURE: _____ DATE: _____