| This form must be routed through the following people. Please initial and pass on. | | | | | | | | | | |
|--|---------|---|-------|----|--------|-------|--|-----------|--|--|
| 1 | Adviser | 2 | Crowe | 3. | C. McC | rea 4 | | Registrar | | |

SJMC Internship Agreement

- Step 1: Fill out this form as completely as you can.
- Step 2: Take it to your adviser to complete and sign.
- Step 3: Submit it to Carlyn Crowe, Internship Coordinator, Mer. 120.

 Do not leave it with your adviser.

| Date: | |
|---|-----------|
| Student's Name: Major: | |
| Student ID Number: | |
| Telephone: E-mail address: | |
| Internship Employer: | |
| Employer's Address: | |
| City: State: ZIP: | |
| Supervisor's Name: | |
| Supervisor's Title: Telephone: | |
| Internship will begin: It will end: | |
| Academic adviser approvescredit hours for Fall _ Spring _ (which term?check one) | 20(year) |
| Hours per week Will you be paid? How much? | |
| Current Academic Status | |
| Hours toward graduation completed: Overall GPA: SJMC GPA: | |
| Have you received credit for a previous internship? yes no | |
| If yes, number of credit hours: Term/Year: | |
| Previous employer / location: | |
| Signatures of Approval | |
| Student and faculty instructor agree to the learning objectives and proof of perfor outlined on back. | rmance as |
| Student: | (date) |
| Academic adviser: | (uale) |
| (Faculty member who submits final grade) SEE REVERSE | (date) |

Internship Agreement (continued)

| I. Responsibilities in the internship |
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| II. Learning Objectives |
| Be specific about what you expect to accomplish in order to - apply and enhance technical / professional skills learned in the classroom - improve interpersonal skills in the professional setting - assess career interests |
| - prepare to more fully contribute to related future classroom experiences. |
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| III. Proof of Performance |
| In addition to the supervisor's evaluation, what other materials will be used to determine the internship grade? Due date: |
| |
| |
| |
| |
| IV. Final grade for internship: Date (Fill out upon completion of internship, submission by student of proof of performance, and receipt of supervisor's |
| (Fill out upon completion of internship, submission by student of proof of performance, and receipt of supervisor's evaluation.) |