ATE UNIVERSITY		Semester: Course Name/#: Grade Mode (Select one):	<b># of Units</b> CR/NC Grad
Student Name:	Student ID#:	Major/Minor:	
Student Address:			
Student Phone:	Email:		
Fitle of Internship:			
Name of Agency:			
Address of Agency/URL:			
Ferm of Internship:		20 To	20
Veekly Schedule:		Anticipated Total Number of	of Hours Worked:
Part A: (To be completed with on-site supervisor	)		
Dn-Site Supervisor:			
Phone:	Email:		
. Student objectives of internship:			
2. Duties, responsibilities, projects to be performe	ed for the agency:		

4. Process of evaluation by supervisor including approximate number of site visits:

Part B: (To be completed by students in consultation with faculty sponsor)				
Faculty Sponsor:				
Phone:	Email:			
1. Other academic components of internship: (i.e., readings, class meetings, library research, final paper, survey work, etc.):				
2. Process of evaluation by faculty sponsor:				
Part C: (Required Signatures)				
Student				
On Site Supervisor				
Instructor / Faculty Sponsor				
Department Chair				
School Dean				

In conjunction with department staff, obtain all signatures and file completed form with the Scheduling Office, STEV 1024.