



Directions: During the first week of the internship, the student should meet with his or her supervisor to discuss the internship objectives and projects/tasks and complete this form. This form must be reviewed and signed by both the intern and the work supervisor.

Student's Name _____ Student ID # _____ Cell Phone Number _____

E-mail Address _____ Major(s) _____

Employer/Company (include department) _____ Your Job Title during the Internship _____

Employer/Company & Address _____

Work Supervisor or Company Contact Person _____ Title _____ Phone Number or e-mail Address _____

Semester: _____ Compensation Type: _____

Start Date: _____ End Date: _____ Work Hrs per Week _____

Are you registered for academic credit for this internship? Yes No

INTERNSHIP LEARNING OBJECTIVES

What existing skills do you have that you feel would be of value to your Internship Employer?

What is something interesting you've learned in class that you want to apply during your internship?

What job functions interest you that you'd like to shadow or participate in?

What specific tasks and hard skills do you want to learn how to do during this internship?

What soft skills would you like to develop during your time here (professional communication, writing skills, presentation/public speaking skills, teamwork/leadership skills)?

Other learning objectives you have (i.e. personal goals, networking):

INTERNSHIP RESPONSIBILITIES/PROJECTS

Briefly describe the projects/tasks you will be working on that will help you achieve the objectives above.

Student's Signature _____ Date _____

Supervisor's Signature _____ Date _____