

AGEC Graduate 684 Internship Form

Student's Name: _____ UIN: _____

Faculty Supervisor/Committee Chair: _____

Name of Internship Agency: _____

Beginning and Ending Dates of Internship: _____

Internship Position Title: _____

Internship Goals and Objectives: _____

Number of Credit Hours _____

I agree to prepare a formal final report explaining in detail my internship activities and to include any suggestions for improvement of the program. The report is to be submitted to the faculty supervisor.

I will submit the report by: _____
Date

Student's Signature

Date

I have reviewed this Plan for Internship and find it consistent with the student's educational objectives.

Faculty Supervisor

Date

The cooperating agency agrees to provide the student an opportunity to obtain actual experience in the areas outlined above and also agrees to evaluate the efforts of the student and forward an evaluation to the faculty supervisor on termination of employment.

The student's immediate agency supervisor will be:

Name Title

Street Address City State Zip

Business Phone Number Email Address

Signature of Associate Head for Graduate Programs

Date

SUBMIT COMPLETED FORM TO AGECE GRAD OFFICE BEFORE REGISTERING FOR INTERNSHIP