

Name _____

MBU ID # _____

Title of Internship* _____

**This will appear on your official transcript*

Faculty Supervisor _____ Discipline (e.g. Art, Business) _____

Course Level (check one) 287 (career exploratory experience) _____ 387 (pre-professional experience) _____

Credit requested _____ semester hours (minimum of 50 hours of work = 1 semester hour)

**Credit requested for summer session will be billed at summer rates.*

Start Date (mo/day/yr) _____ **End Date (mo/day/yr)** _____

**Internship credit is added to a student's record the semester in which it is completed.*

Address during internship _____

Phone # _____ Street _____ City _____ State _____ Zip _____

Phone # _____

Name of Sponsoring Organization _____

Address _____

Phone # _____ Website address _____

Employer/Supervisor _____ Email address _____

Specific Objectives/Purpose of internship (What do I want to learn?)

Methods of evaluation (How will my learning objectives be evaluated?)*

**You must discuss this with your supervising professor prior to starting your internship*

Description of daily internship duties (What will I be doing every day?)

Please obtain signatures in numbered order and remit to Office of the Registrar once complete.

1. Faculty Supervisor _____ Date _____

2. Employer/Supervisor _____ Date _____

3. Student _____ Date _____

OFFICE USE ONLY	Course _____	Year/Term _____
	Date/Initials _____	