THE GRADUATE SCHOOL
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DEPARTMENT: _____ #686/786 GRADUATE INTERNSHIP

This form **must** be completed, signed by both the instructor and the program advisor, and returned to the Graduate School Office. Upon approval of the Dean of the Graduate School, copies will be distributed. **Please note:** This completed form does **not** constitute registration for this course. A copy of the project paper must be filed in the Graduate School Office upon completion.

DATE SUBMITTED:_____ **STUDENT ID NUMBER:**_____

NAME:_____
LAST FIRST MIDDLE FORMER

PRESENT ADDRESS:_____
NUMBER AND STREET CITY, STATE, ZIP

HOME/CELL PHONE:_____**EMAIL ADDRESS:**_____

PROJECT IS TO BE UNDERTAKEN DURING: ***(CIRCLE ONE AND FILL IN SEMESTER YEAR AND CREDITS)***

FALL SPRING SUMMER I SUMMER II SEMESTER, 20_____ # OF CREDITS_____

PROGRAM OF ENROLLMENT:_____

***COMPLETE THE FOLLOWING UNDER THE GUIDANCE OF YOUR SUPERVISING INSTRUCTOR.**
REFER TO THE GRADUATE CATALOG FOR COMPLETE COURSE DESCRIPTION.

I. REQUIREMENTS FOR INTERNSHIP CONSIDERATION

- Attach a description of the activities associated with your internship. If one is available, you should use the firm or organization's own job description of the internship; otherwise, provide a 100-word description of your assigned tasks and responsibilities.
- Identify 5 – 7 learning goals and include them with the description.
- Attach a copy of the letter or statement from the organization accepting you as an intern on the firm's letterhead.

II. POST-INTERNSHIP EVALUATION

Every internship is assigned a grade of Satisfactory (S) or Unsatisfactory (U). To earn an S, you must:

- Complete appropriate hours for internship credit.
- Provide a letter of successful and satisfactory completion from your supervisor or organization on the firm's letterhead.
- Submit to the Grad Office a 2-page summary of the activities and training that enabled you to achieve your learning goals.

No grade will be assigned until these conditions are met.
Be sure to meet with your Program Advisor prior to submitting your internship paperwork to the Graduate School as all programs have unique prerequisites.

NAME OF SUPERVISOR OR CONTACT INDIVIDUAL:_____

SPONSORING FIRM OR ORGANIZATION:_____

ADDRESS:_____

CITY/STATE/COUNTRY/POSTAL CODE:_____

SUPERVISOR EMAIL:_____**SUPERVISOR PHONE:**_____

SUPERVISOR'S SIGNATURE:_____ **DATE:**_____

PROGRAM ADVISOR'S APPROVAL SIGNATURE:_____ **DATE:**_____

GRADUATE SCHOOL DEAN'S APPROVAL SIGNATURE:_____**DATE:**_____

PLEASE NOTE: Incomplete forms will not be processed.