



College of Technology Internship Learning Contract

**This form must be submitted to the Internship Coordinator prior to registration.
Approval for registration will not be granted until this form has been received and verified.**

Student Name: _____ Major: _____	
Student ID: <u>W00000</u> E-mail: _____	
Home # _____ Cell # _____ Work # _____	
Intern Position Title _____ Company _____	
Supervisor Name/Title _____	
Supervisor # _____ E-mail _____	
Business Street Address _____	
City _____ State _____ Zip _____	
Dates of Internship: from / / to / / Hours per week: _____	
Brief Description of Duties & Responsibilities during Internship: _____	

Goal Statement:	
<p>Attach a one-page statement that describes what you expect to accomplish during this Internship. Your statement should include what you expect to happen and what you expect to learn.</p>	
_____	_____
Student Signature	Date
_____	_____
Internship Supervisor Signature	Date

<i>For College Use Only – Do Not Complete</i>		<i>Credits</i> <u>3</u>
<i>Course ID</i> _____ <i>Internship Coordinator</i> _____		

<i>Internship Coordinator Signature</i>		<i>Date</i>