



Division of Information Technology and Advanced Communications (iTAC)

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 _____ E-mail _____
Home # _____ Work # _____ Cell # _____

Intern Position Title _____ Company _____
Supervisor Name/Title _____
Supervisor Telephone _____ Email _____
Business Street Address _____
City _____ State _____ Zip _____
Dates of Internship: **from** / / **to** / / ; Hours per week _____
Brief description of duties and responsibilities during Internship: _____

Goal Statement

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.

Student Signature Date

Internship Supervisor Signature Date

For Division Use Only – Do Not Complete Credits _____

Course ID _____ Internship Coord _____

Internship Coordinator Signature Date