

**INTERNSHIP CONTRACT**  
**\_\_\_\_MGMT495/\_\_\_\_ACCT 495**

Student Name: \_\_\_\_\_ B# \_\_\_\_\_

Student Email: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_ Internship Supervisor: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Supervisor Phone#: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Grade Option is P/F only

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**Cr. Hrs. Requested:** \_\_\_\_\_ (*1 cr.= 45 hours, 2 cr.= 90 hours, 3 cr.= 135 hours, 4 cr.= 180 hours*)

**Will this internship exceed the max of 8 credits of internship, independent study and TA combined?** \_\_\_\_\_Yes \_\_\_\_\_No

***IF YES, THE CREDITS CANNOT BE USED TOWARDS YOUR DEGREE***

**You are required to have the 311 core course complete before you can take an internship (ie. If you are doing a marketing internship, you must have MKTG311 complete).**

**Have you completed your 311 course?** \_\_\_\_\_Yes \_\_\_\_\_No

**Is this a paid internship?** \_\_\_\_\_Yes \_\_\_\_\_No

**Have you ever been convicted of a felony or been convicted of a felony but evaluated and approved through the campus process?** \_\_\_\_\_Yes \_\_\_\_\_No

**Have you ever been convicted of a felony but not reviewed and approved through the campus process?** \_\_\_\_\_Yes \_\_\_\_\_No

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**TO BE FILLED OUT WITH SUPERVISOR:**

**LEARNING OBJECTIVES** (please explain what you hope to learn from this internship):

**METHODS TO ACHIEVE OBJECTIVES** (describe duties which will facilitate the learning noted above):

**EVALUATION:**

Grading is mandatory P/F, based upon an acceptable evaluation by the internship supervisor and submission of

COURSE WORK REGISTRATION FORM

VARIABLE CREDIT

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

MAJOR \_\_\_\_\_

Course and Number: \_\_\_\_\_  
\_\_\_\_\_4cr. | \_\_\_\_\_1cr. \_\_\_\_\_2cr. \_\_\_\_\_3cr.  
\_\_\_\_\_ (year) \_\_\_\_\_ Semester and Year: \_\_\_\_\_ (semester)

TITLE OF COURSE \_\_\_\_\_  
... (for internship and independent study only. TA's do not need to put a title here)

\_\_\_\_\_

TA Only  
Instructor \_\_\_\_\_  
Signature of Instructor (TA only) \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only  
Instructors section code: \_\_\_\_\_ SOM Approval \_\_\_\_\_