

Individualized Studies

INTERNSHIP PROPOSAL AND CONTRACT: PART ONE

Your name:	Warrior ID#:	
Address:		
E-mail address:	Your cell phone number:	
Total number of credits completed:	Your Overall GPA:	

Note: This page is for WSU internship instructor. You do not need to disclose this to your internship site supervisor (the person for whom you are working during your internship).

_____ You should submit this page, along with your DARS or transcript to your WSU faculty instructor for the internship **before** you complete Part Two.

Individualized Studies

INTERNSHIP PROPOSAL AND CONTRACT: PART TWO

Your name:	Warrior ID#:	
Internship Position Title:		
Dates of internship (15 weeks, maximum)	Start date:	End date:
Check the type of internship you are doing:		
INDS398 (For a letter grade) <input type="checkbox"/>	INDS399 (Pass/No credit) <input type="checkbox"/>	
Number of INDS398 credits you are applying for (maximum of 3):		
Number of INDS399 credits you are applying for (maximum of 9)		
Hours per week:		
Name of internship supervisor and supervisor's title:		
Organization name:		
Email address:	Phone number:	
Mailing address:		
Paid or Unpaid?		

Using the space below, provide a job description. Include a complete description of the intern's assignments including any expected achievements such as a writing a report, creating a program or system, and milestone expectations. The activities to be performed for the internship must add up to a meaningful learning experience, not just a "part-time job." Therefore, the tasks described should entail significant responsibility. Use as much space as you need.

Using the space below, describe your internship objectives and the expected learning outcomes. Use as much space as you need.

Using the space below, Describe the nature of any present or previous employment of the intern with this organization.

The on-site supervisor will be asked to submit a written evaluation(s) of the intern's performance.

On-Site Supervisor Signature

Date

Instructor Signature

Date

Student Signature

Date

Requirement:

_____ You, as the student, are responsible for obtaining the On-Site Supervisor signature on this form and the Instructor's signature.