

# 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:
<b>Check the type of internship you are doing:</b>		
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.