

# HSB MANAGEMENT DEPARTMENT

## MGT 4250 Internship Agreement

Student Name \_\_\_\_\_ Major \_\_\_\_\_ A # \_\_\_\_\_

Preferred E-mail \_\_\_\_\_ Campus Location \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_

Company/Business \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Hours worked weekly \_\_\_\_\_

Work Schedule: \_\_\_\_\_  
Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

Faculty Mentor \_\_\_\_\_

Semester Enrolled: Fall Spring Summer Year \_\_\_\_\_

### Statement of Student's Learning Objectives

You will be required to establish five learning objectives for the specified grading period. The learning objectives must be originated by you, the student, approved by the employer/supervisor, and reviewed by the department faculty mentor for validity and relative value with all parties in agreement.

## ATTACH A COPY OF YOUR 5 LEARNING OBJECTIVES TO THIS FORM

### Agreement

We, the undersigned, agree with the validity of the learning objectives attached. The employer and the faculty mentor agree to provide the necessary supervision and counseling to insure that the maximum educational benefit may be achieved from the student work experience. The supervisor will evaluate the student's learning objectives and work performance. The faculty mentor will award academic credit (Pass/Fail) for successful accomplishment of the objectives.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Mentor

\_\_\_\_\_  
Date