

MARKETING AND STRATEGY DEPARTMENT
MSLE 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 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