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