

Academic Internship Agreement

Metropolitan State University, 700 East Seventh Street
Saint Paul, Minnesota 55106-5000, 651-793-1285

Requested Number of Credits: _____

Semester and Year of Internship: _____

Student name: _____ Student ID number: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Metropolitan State advisor: _____

Email (**official student email only**): _____@metrostate.edu

(International students will need to meet with an international student services advisor before submitting this form.)

Organization name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Site supervisor (full legal name): _____ Phone: _____

Email: _____

Internship evaluator (if other than site supervisor – full legal name): _____ Phone: _____

Email: _____

Evaluator's qualifications relating to this internship; include education/experience and **attach one copy of brief resume if evaluator is not Metropolitan State faculty.**

Title of internship (as it will appear on your transcript): _____

Academic focus of the internship (such as finance, public relations or political science): _____

Check one: ☐ Graduate ☐ Undergraduate Check one: ☐ Letter grade (if allowed in college/dept) ☐ S/N

I have read and meet the required guidelines of (check the box that applies to this internship):

- ☐ College of Community Studies and Public Affairs ☐ College of Individualized Studies ☐ College of Liberal Arts
☐ College of Management ☐ College of Sciences

Academic focus of major: _____ Academic focus of minor: _____

Dates of internship: Start: _____ End: _____ Number of hours per week _____

Compensation: ☐ Unpaid ☐ Wages \$ _____ ☐ Stipend \$ _____ ☐ Reimbursement (such as tuition or expenses)

Competence Statement: the anticipated learning outcomes format, what you intend to learn. See Handbook on how to write a competence statement.

Learning Strategies: describe what you are planning to do; include practical and theoretical applications. Be sure to include any college/dept. deliverables such as journals, papers, or group meetings.

Evaluation: describe how the evaluator will evaluate and document the learning.

- 1.
- 2.
- 3.
- 4.

- 1.
- 2.
- 3.
- 4.

I, the undersigned*, have read and concur with this completed Internship Agreement.

Student intern signature: _____

Date: _____

Site supervisor signature: _____

Date: _____

Internship evaluator signature: _____

Date: _____

Faculty liaison signature: _____

Date: _____

Dean signature: _____

Date: _____

* **Metropolitan State University recognizes an approval from an official email address as an electronic signature.**

ICES/Office Use Only: ISRS: _____ Course #: _____ # of credits: _____ Fac/Dean Approved: _____