**Academic Internship Agreement Requested # of Credits:**

Metropolitan State University, 700 East Seventh Street Semester and Year of Internship:

Saint Paul, Minnesota 55106-5000, 651-793-1285

1. Student Name:       Student ID Number:

2. Address:      City:       State:       Zip:

3. Phone (home):       (work):       Metropolitan State Advisor:

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

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

4. Organization Name:       Email:

5. Address:       City:       State:       Zip:

6. Site Supervisor (full legal name):       Phone:

Email:

7. Internship Evaluator (if other than site supervisor – full legal name):       Phone:

Email:

8. Evaluator’s qualifications relating to this internship; include education/experience and **attach one copy of brief resume if**

**Evaluator is not Metropolitan State faculty.**

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

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

11. (Check one)  Graduate  Undergraduate 12. (Check one)  Letter grade (if allowed in college/dept)  S/N

13. I have read and meet the required guidelines of (check the one that applies to this internship)

College of Management  College of Sciences  College of Liberal Arts  College of Health and Professional Studies  College of Individualized Studies

Academic focus of Major:     Minor:

14. Dates of Internship: Start:       End:       Number of hours per week

15. Compensation:  Unpaid  Wages $­­­­       Stipend $­­­­       Reimbursement (tuition, expenses)

**(OVER)**

|  |  |  |
| --- | --- | --- |
| **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.) Note: Be sure to include any college/dept. deliverables such as journals, papers, group meetings)  1.  2.  3.  4. | **Evaluation** (describe how the evaluator will evaluate and document the learning.)  1.  2.  3.  4. |
|  |  |  |

I, the undersigned\*, have read and concur with this completed Internship Agreement. \* **Metropolitan State University recognizes an approval from an official email address as an electronic signature**.

Student Intern Signature:       Date:

Site Supervisor Signature:       Date:

Internship Evaluator Signature:       Date:

Faculty Liaison Signature:       Date:

**Dean Signature:       Date:**

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