**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: