# Academic Internship Agreement (AIA)



International students: please start the internship application process by meeting with International Student Services.

Students, we want to help you have a great internship as part of your college experience! For questions, information, and support, please contact us at the <u>Career Center</u>: internships@metrostate.edu or 651.793.1289.

## Student Information

Student Name (First and Last):		Tech ID (#'s only):
Official Metro State University Email:		Phone:
l am:	an Undergraduate student a Graduate student	Academic Advisor: Major:
		Minor (If applicable):
Course Inf	formation	
Internship semester & year:		Credits requested: [1 credit = 40 hours of internship]
•	Subject Code (Example: ICS, TCID, MIS): Course Title (This will appear on your transcript):	
Grading Op	otion: Letter grade (If allowed in college/department)	
	Satisfactory/No credit: S/N	
Faculty Lea	arning Evaluator's Name (First and Last):	
Email:	Pho	ne:

This document is available in alternative formats upon request, by contacting the Center for Accessibility Resources, Accessibility.Resources@metrostate.edu or 651-793-1549.

Internship Site Info Internship Organiza Internship Job Title:	tion Name:				
The internship will b	Remote	-		te)	
Internship organizat	ion is based in:	Minnesota	Other	state/country:	
Site Supervisor Nam Email:				- Phone:	
Internship dates (M Number of hours pe			End:		
Compensation:	Unpaid Wages \$ Stipend \$ Reimbursemer		enses)	I am currently employed by my internship site:	Yes No
College of Indivi	gement ces Il Arts ng and Health Stu	dies		college:	

### Learning Strategies

If you require additional space, please attach a separate document with your Learning Strategies.

### **Competence Statement**

What you intend to learn and anticipated learning outcomes.

#### **Learning Strategies**

Describe what you are planning to do to achieve your learning outcomes. Include practical and theoretical applications in your field. Note: be sure to include any college/department deliverables such as journals, papers, or group meetings.

#### Evaluation

Describe how the evaluator will evaluate and document the learning.

### Signatures

Metro State University recognizes a typed electronic signature as official approval.Student:Date:Site Supervisor:Date:Learning Evaluator:Date:Dean:Date:

This document is available in alternative formats upon request, by contacting the Center for Accessibility Resources, <u>Accessibility.Resources@metrostate.edu</u> or 651-793-1549.