UNIVERSITY OF NEBRASKA AT OMAHA
COLLEGE OF INFORMATION SCIENCE & TECHNOLOGY

School of Interdisciplinary Informatics - Internship Agreement Form

Prerequisite: Permission of Program Chair/School Director

This form must be completed and signed before the end of the second week of class. Failure to do so may end up in an administrative withdrawal from the course, waiving any refund of tuition.

Student Information

Name	Course Name
NU ID#	Credit Hours
Address	Semester
	Year
Telephone	Email

Business Information

Firm Name	Contact
Department	Email
Telephone	Fax Number

Internship Information

Job Title

Description of Position: For CYBR 4950, please attach on separate sheet of paper 0.75 page justification of how this internship will support cybersecurity learning outcomes and what will be your potential responsibilities during the internship.

Start Date
End Date
Hours/Week
Project Report Due:
Project Evaluation Method:
Employee Evaluation Due:
Project Completion Timetable:
Academic Supervisor/Student Meeting Time:

_____   _____
Student Signature   Academic Supervisor Signature

_____   _____
Program Chair/Director Signature   Business Supervisor Signature

_____   _____
Date   Approved   Disapproved

CC: Student, Academic Supervisor, Program Chair