



STUDENT INTERNSHIP AGREEMENT

CSCI 8950 Internship in Computer Science

For Students: This form must be completed and signed before the end of the second week of class. *A copy of your resume and internship job description must be attached to this form.*

For Employers: The employer is required to complete a student evaluation; instructions will be sent two weeks prior to the end of the semester for which the student has registered for academic credit. The student is required to complete a project report or paper, and to make an oral presentation by the end of the semester. The Faculty Advisor may visit with the student and their supervisor at the work site during the internship.

STUDENT INFORMATION

NAME _____

NUID _____

EMAIL _____

INTERNSHIP INFORMATION

ORGANIZATION _____

ORG ADDRESS _____

ORG ADDRESS CONT _____

JOB TITLE _____

HOURS PER WEEK _____

START DATE _____

END DATE _____

SUPERVISOR _____

SUPERVISOR PHONE _____

SUPERVISOR EMAIL _____

SIGNATURES

SEMESTER : _____

REQUESTED ACADEMIC CREDIT HOURS : _____

 STUDENT* DATE

 SUPERVISOR* DATE

*By signing this form, I agree to the responsibilities of this internship including the *Internship Report and Evaluation* details outlined on the back of this form.

To be completed by the GPC Chair:	
APPROVED ACADEMIC CREDIT HOURS : _____	
_____ GPC CHAIR	_____ DATE