

DEPARTMENT OF MANAGEMENT INFORMATION SYSTEMS
Graduate Student Internship Agreement for Course: ISQA 8910

This form must be completed and signed before the end of the first week of class. Failure to do so may result in Administrative Withdrawal from the course, waiving any refund of tuition.

Route To: Graduate Student Internship Coordinator

Date: _____

Student Information:

Name: _____ NU ID: _____ Phone: _____

Address: _____ E-mail: _____

I have obtained an internship job with _____

My job title will be: _____ (Attach Position Description).

I will be working at least _____ Hours/week;

Start date: _____ Termination Date: _____

Supervisor's name: _____ Supervisor's address: _____

Supervisor's telephone number: _____ E-mail address: _____

I would like to receive _____ hour's academic credit toward my degree during the _____ semester 20____

Internship Information

The employer is required to evaluate the student intern and to forward that evaluation to the Faculty Advisor one week 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 IS&T Internship Coordinator and/or the Faculty Advisor may visit with the student and his supervisor at the work site during the Internship.

Academic Course Information:

(To be completed by the appropriate Program Chair)

Your Internship is approved for _____ hours academic credit toward your degree.

Your Faculty Advisor will be: _____

E-mail address: _____ Telephone number: _____

Signatures:

As participants, we agree to the responsibilities of this internship.

Student: _____ Date: _____

Supervisor: _____ Date: _____

ISQA GPC Chair: _____ Date: _____