ISQA 4510 – Information Systems Internship Agreement Form

Prerequisite: Permission of Program Chair

# Student Information

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| --- | --- |
| Name: Click here to enter text. | Hours Credit: Click here to enter text. |
| Student ID: Click here to enter text. | Semester: Click here to enter text. |
| Address Line 1: Click here to enter text. | Year: Click here to enter text. |
| Address Line 2: Click here to enter text. | Day Phone #: Click here to enter text. |
| City, State, Zip: Click here to enter text. | E-Mail: Click here to enter text. |

# Business Information

|  |  |
| --- | --- |
| Firm Name: Click here to enter text. | Contact Person: Click here to enter text. |
| Department: Click here to enter text. | Phone Number: Click here to enter text. |
| Fax Number: Click here to enter text. | E-Mail: Click here to enter text. |

# Internship Information

|  |  |
| --- | --- |
| Job Title: Click here to enter text. | Date To Begin: Click here to enter text. |
| Hours Per Week: Click here to enter text. | Date To Terminate: Click here to enter text. |
| Description of Internship Position: Click here to enter text. | |
| Time Table/Due Date For Project Report: Click here to enter text. | |
| Due Date For Employee’s Evaluation: Click here to enter text. | |
| Method For Evaluation of Project: Click here to enter text. | |
| Timetable for Completion of Project: Click here to enter text. | |
| Academic Supervisor/Student Meeting Time: Click here to enter text. | |
| *If you have a disability and use accommodations in the classroom, please make an appointment with the Disability Services Office, Phone (402) 554-2872, E-mail unodisability@unomaha.edu****,*** *MBSC 111, as soon as reasonably practicable prior to the first day of your placement in the field to ensure that reasonable accommodations can be made for your field placement.* | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Academic Supervisor Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Chair Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business Supervisor Signature |