



## ISQA 4510 – Information Systems Internship Agreement Form

Prerequisite: Permission of Program Chair

### **Student Information**

Name:

Credit Hours:

Student ID:

Semester:

Address Line 1:

Year:

Address Line 2:

Day Phone #:

City, State, Zip:

E-Mail:

### **Business Information**

Firm Name:

Contact Person:

Department:

Phone Number:

Fax Number:

E-Mail:

### **Internship Information**

Job Title:

Date To Begin:

Hours Per Week:

Date To Terminate:

Description of Internship Position:

Time Table/Due Date For Project Report:

Due Date For Employee's Evaluation:

Method For Evaluation of Project:

Timetable for Completion of Project:

Academic Supervisor/Student Meeting Time:

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](mailto: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

cc: student, academic supervisor, program chair