



School of Interdisciplinary Informatics 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:

If this internship is a part of your current role, how is your internship project different from your current duties?

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, 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