



Internship Program Memorandum of Understanding

Part One-To be completed by the student and the Faculty Internship Advisor prior to beginning an Internship. Part one must be completed and signed in order to receive academic credit for an Internship. *Please attach a job description for review by your Faculty Internship Advisor.*

Student Agrees to:

- Comply with organization’s policies; notify supervisor if unable to work as scheduled.
- Complete requirements outlined by his or her Faculty Internship Advisor.
- Remain enrolled at UWF for the duration of the Internship.
- Notify Faculty Internship Advisor if the Internship ends early, or if significant changes in responsibilities or learning objectives occur.

Student Name: _____

E-Mail: _____

Major: _____

UWF

ID: _____

Course #: _____

Credit hours: _____

Learning Objectives:

Other Internship Requirements:

- | | |
|---|-----------|
| <input type="checkbox"/> Weekly Journal | Due _____ |
| <input type="checkbox"/> Mid Semester Supervisor’s Evaluation of Student | Due _____ |
| <input type="checkbox"/> End of Semester Supervisor’s Evaluation of Student | Due _____ |
| <input type="checkbox"/> End of Semester Student’s Evaluation of Internship | Due _____ |
| <input type="checkbox"/> End of Semester Report | Due _____ |
| <input type="checkbox"/> Other: _____ | Due _____ |
| _____ | |
| _____ | |