



Form for Adding an 92 Internship Course

Name: _____ ID: 2 _____

Email: _____ Phone: _____

Subject: _____ Catalog Number: 92A 92B

Term: Fall 20__ / Spring 20__

Internship Supervisor Info:

(Name) (Title) (Phone) (Email)

Sponsor: _____
(Agency and Address)

Internship Job Description and Responsibilities:

Proposed Academic Work, Reading List, and Required Assignments:

Standards for Evaluation of Course Work:

Internship Dates: _____ to _____ **Internship Hours/Week:** _____

Instructor (Print): _____

Instructor (Signature): _____ Date: _____

Student (Signature): _____ Date: _____