

Mansfield University of Pennsylvania
Mansfield, PA 16933

INTERNSHIP FORM

LAST NAME FIRST MI Student ID

HOME ADDRESS PHONE

CITY STATE ZIP

ADDRESS DURING INTERNSHIP PHONE

CITY STATE ZIP

CREDITS EARNED GRADUATION DATE MAJOR

SEMESTER START DATE END DATE

PREFIX COURSE # CREDIT HOURS

NAME OF FACULTY SUPERVISOR PHONE

NAME & TITLE OF ON-SITE SUPERVISOR AGENCY NAME

AGENCY ADDRESS SITE SUPERVISOR EMAIL

CITY STATE ZIP PHONE

STUDENT SIGNATURE * DATE

MAXIMUM TRAVEL COSTS TO BE INCURRED IN SUPERVISING INTERN _____

FACULTY SUPERVISOR DATE DEPARTMENT CHAIRPERSON DATE

- Approved Internship Agreement on file
- State Authorization on file

DEAN/PROVOST DATE

* Student signature authorizes faculty supervisor to discuss student with on-site supervisor.

Return To: Registrar's Office, 224 South Hall for Dean/Provost review

Last Name First MI

Student Id

Total credits earned

GPA

Total internship hours

Credits requested

Please submit a detailed learning outcome and assessment plan. For requests received after payment due date submit payment with application.

Specify the learning outcomes for this internship:

Specify the functions the student will complete during the internship:

Specify the academic tasks the student will complete related to this internship:

Specify the criteria used to evaluate the student's internship performance:

Return To: Registrar's Office, 224 South Hall Mansfield University, Mansfield, PA 16933