

Intern Fact Sheet

Student Information

Intern Name:			
Student ID:		UW email address:	
Street Address:			
City:	State:	Zip code:	
Cell phone:		Home phone (if different) :	

Quarter	Fall	Winter	Spring	Summer	If the internship spans multiple quarters, please enter how many credit hours will apply to each quarter. Remember: 3 credits = 9 hrs/wk 4 credits = 12 hrs/wk 5 credits = 15 hrs/wk 6 credits = 18 hrs/wk 7 credits = 21 hrs/wk 8 credits = 24 hrs/wk 9 credits = 27 hrs/wk 10 credits = 30 hrs/wk
Year					
Credits					

Internship Site Information

Employer Name:		
Employer Street Address:		
City:	State:	Zip code:
Supervisor's Name		Supervisor's email :
Supervisor's phone number:		Internship Title:
Start date:		Expected completion date:

Paid Position? Yes No If yes, what is your pay rate? _____

Internship Contract (1/2)

Employer Name:		
Employer Street Address:		
City:	State:	Zip code:

- 1) Represented by: (Site Supervisor's name) _____ will provide supervised on-the-job learning experiences for (Intern's name) _____.
- 2) The student will be awarded the number of credits stipulated above for working an agreed upon number of hours, and for satisfactorily completing the academic component if the internship. Internships must align with UW Tacoma's academic quarters.
- 3) The student shall be given the opportunity to gain broad work experience and shall advance on the job as his or her proficiency permits.
- 4) On an appointment basis, the faculty leader may visit the supervisor and student to evaluate the student's progress.
- 5) The employer will provide the university with attendance verification (if requested) and performance ratings of the student's achievements while enrolled under this agreement. The employer will evaluate the student's performance by completing the Supervisor's Evaluation at the end of the quarter.
- 6) Upon request, interns may review their UW Tacoma internship file.
- 7) ***Students may not be currently employed at the business where they want to complete an internship, nor may they complete an internship at a business where the owner is a family relative.***

Internship Expectations (Provide a brief description of what your [the intern] expectations are for this internship.)

1. How does this internship support your educational and career goals?

2. What do you hope to learn from this internship?

Internship Contract (2/2)

Job Description (Insert a formal job description that covers expected job duties and learning objectives)

The following have read and understand the agreement and the requirements attached hereto.

Worksite Supervisor Signature

Date

Intern Signature

Date

After the application is complete and you and your supervisor have signed above, email your application to your [Milgard school advisor](#).

Prerequisites completed Yes No In Progress*

Add code issued Yes No

**Add codes can be issued once prerequisite courses are graded*

Faculty Internship Coordinator Approval Yes No