



INTERNSHIP PROPOSAL

Student Name: _____	Fall _____
ID number: _____	Spring _____
Local Phone: _____	Summer _____
Home Phone: _____	<i>Dates (if summer)</i> _____
Pitt e-mail: _____	
Major: _____	Year _____
Minor: _____	# of credits(1-3)* _____

**A minimum of 45 on-site hours must be completed per credit hour and grade option is S/N only.
Tuition for internship credits are charged under the term indicated and registered.*

Credits earned (Junior or Senior standing required) _____
 Good academic standing and meeting the requirements of the major (Yes, No) _____

Internship Site: _____	
Address: _____	
On-site Supervisor: _____	Title: _____
Telephone: _____	E-Mail: _____
Fax Number: _____	
Starting Date: _____	Ending Date: _____
In ternshipTitle: _____	

Detailed Outline of Student Responsibilities (attach additional sheet if necessary):

Learning Objectives:

Journal Requirement? Yes _____ No _____

Description of mandatory paper or project to be completed by student:

How will Student's work be evaluated?

The undersigned have read and agree to the conditions set forth in this agreement:

Student: _____ Date: _____

Faculty Supervisor(**Printed Name**): _____ Date: _____

Faculty Supervisor (Signature): _____ Date: _____

Faculty Advisor: _____ Date: _____

Academic Program Director: _____ Date: _____

On-site Supervisor: _____ Date: _____

Academic Division Chair: _____ Date: _____

Academic Dean: _____ Date: _____

[Distribution: Registrar, Faculty Supervisor, On-site Supervisor, Student]

The student is responsible for obtaining signatures and delivering this form to the Registrar's Office at the time of registration.