



**To be filled out by Student:**

Section 1: Student Data

Student's Name: \_\_\_\_\_ Student ID: 

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E-mail: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Section II: Learning Site

Learning Site Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Fax: \_\_\_\_\_

Type of Learning Site/Business (e.g. State, City, Non-Profit, Private Business etc.): \_\_\_\_\_

Learning Site Objectives/Mission: \_\_\_\_\_

\_\_\_\_\_

Section III: Course Data

Course Title: Business 482 Academic Internship Faculty Name: Chris Gaines

Planned Term of the Internship/Learning Experience (total hours): 180 Start Date: 01/17/17  
End Date: 05/05/17

Scheduled days/hours: \_\_\_\_\_

Additional hours (special events, etc.): \_\_\_\_\_

I have received, read, and clearly identified and understand the specific Student Learning Outcomes from the course syllabus for this Academic Internship/Service Learning course.  Yes  No

Section IV: Internship/Learning Experience Data

Academic Internship/Service Learning Role: Academic Internship

Description of Internship/Learning Experience Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic Internships: Paid  Unpaid

Please describe any compensation provided by Learning Site (if applicable): \_\_\_\_\_

Apply core business principles and practices that demonstrate the intern's knowledge in a major area of study, marketing, accounting, management, finance, or international studies.

**To be filled out by Faculty overseeing Academic Internship/Service Learning Course:**

Specific Learning Outcomes for the Internship/Learning Experience have been provided by the Faculty in the form of the course syllabus:  Yes  No

Method of Evaluation and Supervision: Class assignments, evaluation from site supervisor, ongoing site supervision and culminating presentations.

Number of Units to be given upon successful completion of the Internship/Learning Experience: 4 Units

**Section V: Other**

Is the Learning Site Agreement in place?  Yes  No (Please contact the Center for Service Learning and Academic Internships, 826-4963, to verify current Learning Site Agreements.)

Student has been given health and safety information:  Yes  No

Student has signed the Student Participation Guidelines Form:  Yes  No

Other (Attach additional pages as needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section VI: Approval**

**To be filled out by Learning Site Supervisor:**

Student will be/has been given orientation and placement information including conduct and health and safety information by Learning Site Supervisor before beginning Academic Internship/Service Learning experience.  Yes  No

**Required Signatures:**

Student Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Learning Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_