

Internship Approval Form

ROUTE THIS FORM TO:
VCAA Office
315 Behmler Hall

**UMM
INTERNSHIP
APPROVAL FORM**

REV: 5/2009

FORM MUST BE TYPED

Form is interactive

Student ID:	Term and Year of Registration (<i>i.e. Fall 2009</i>):
Name:	Duration of Project (<i>Mo/Yr to Mo/Yr</i>):
UM E-mail: @morris.umn.edu	Credits (1-16): (<i>S-N grading only</i>)
Major(s):	Classification: <input type="checkbox"/> Sr <input type="checkbox"/> Jr <input type="checkbox"/> So <input type="checkbox"/> Fr
Type of Internship (<i>choose one</i>): <input type="checkbox"/> IS 3996, Interdisciplinary Internship. <input type="checkbox"/> IS 3796, Internship in the Helping Professions. The prerequisite for IS 3796 is IS 4101. Check one of the following statements: <input type="checkbox"/> I have successfully completed IS 4101. <input type="checkbox"/> I am currently registered for IS 4101 and will successfully complete it before my internship begins.	

Brief Description of Project (abstracted from the Learning Contract on page 2):

Internship Contact Information:

Facility name:
Address:
City, State, Zip:
*Field Supervisor:

*Type/print name of field supervisor above. The faculty supervisor will initial and date this line after telephone or written contact with field supervisor has been made and approval obtained.

For office use only

Section # _____	Class # _____	Processed by: _____	Date: _____
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This form must be attached to the Internship Approval form

UMM
INTERNSHIP
LEARNING
CONTRACT
REV: 05/2009

Internship Learning Contract

Date: _____

Contract Between Student: _____
and Faculty Supervisor: _____

Learning Objectives:

LEARNING METHODS

A. Field Experience:

B. Academic Expectations:

C. Evaluation:

Student Signature _____ Date: _____

APPROVALS:

Faculty Supervisor (print): _____

Faculty Supervisor Signature: _____ Date: _____

VCAA & Dean Signature: _____ Date: _____