ANSC Undergraduate Program
Internship Education Learning Proposal for 389 Credit

Personal Data
Name: ______________________________ Major: __________________ UID: __________________
Address: ______________________________ Expected Grad Date: ______________
E-Mail: ______________________________ Telephone: __________________________

Details of Internship
Start Date: _______________ End Date: _______________
Semester: ___________ Year: ___________ # of credits: ☐ 3 ☐ 4 ☐ 5 ☐ 6

Description of Internship
Site: ______________________________ Site Address: __________________________

1. List your specific job responsibilities:

2. What do you expect to learn from this experience? How does this apply to your career goals?

3. When and how will your performance be evaluated at your internship site?
   How often will you have formal feedback sessions with your site supervisor? (At least bi-weekly is recommended)

4. Describe the academic component of the experience (paper, journal, research, etc.) How often will you have formal sessions with your faculty sponsor? (At least bi-weekly is recommended.)

________________________________________  ________________________________  ____________________________
Student Signature  Faculty Sponsor Signature  Site Supervisor Signature

Credits ______  Section ______  Stamp (date) ______

Undergraduate Program Coordinator