ANSC Undergraduate Program
Internship Education Learning Proposal for 389 Credit

**Personal Data**
Name: ____________________ Major: ________________ UID: ________________
E-Mail: ____________________ ANSC Faculty Supervisor: ____________________

**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