



On-campus Internship Request

(To be completed by Supervisor)

Name & Title of Supervisor: _____

Department: _____

Phone number: _____ **Email:** _____

Intern Responsibilities: _____

Anticipated Learning Outcomes: _____

Desired Qualifications: _____

Details:

Compensation: Paid Amount/Hour: _____

Source of Funds: _____

Unpaid If unpaid, does the internship replace a position that would otherwise be a paid student position? Yes No

Timeframe: Fall Spring January Summer

Anticipated weekly internship hours: _____

Academic Credit: Yes No

One-time Internship On-going Internship

Utilize the rubric below in order to consider whether or not the position would qualify as a student internship.

