



**CAS UNDERGRADUATE INTERNSHIP AGREEMENT**

Students should complete the following internship Agreement (pgs 1-2) prior to the semester in which they wish to begin an internship.

INTERN INFORMATION		
Name:	SMU ID:	Major:
Current Mailing Address:		
Email Address:	Phone number:	

ACADEMIC INFORMATION		
Faculty Supervisor:	Credit request (3-6):	
Semester/Yr:	Faculty Supervisor email:	
Course ID:	Faculty phone number:	

INTERNSHIP/FIELD SUPERVISOR (EMPLOYER) INFORMATION		
Internship Site Name:	Supervisor:	
Email Address:	Phone number:	
Site Mailing Address:		

INTERNSHIP/JOB DESCRIPTION (may be attached)
Position Description/Duties and Responsibilities of student:

**Hours per week:** \_\_\_\_\_ **Academic Credit (1cr/50hrs):** \_\_\_\_\_ **Rate of pay (if applicable):** \_\_\_\_\_

Starting Date (M/D/Y): \_\_\_\_\_ Completion Date: \_\_\_\_\_  
(Start and Completion dates must match the academic term dates)

This agreement may be terminated by the intern, the college, or the employer organization upon receipt of two weeks written notice by either party.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Field Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**GOALS, OBJECTIVES AND METHODS**

The following format can be used to help establish the expectations for the internship and to guide students as they craft their typed reflection on the experience and the achievement of placement goals and learning objectives.

**1. GOAL:** \_\_\_\_\_  
\_\_\_\_\_

**a. Learning Objective:** \_\_\_\_\_  
\_\_\_\_\_

1. Method: \_\_\_\_\_  
\_\_\_\_\_

2. Method: \_\_\_\_\_  
\_\_\_\_\_

3. Method: \_\_\_\_\_  
\_\_\_\_\_

**b. Skills Objective:** \_\_\_\_\_  
\_\_\_\_\_

4. Method: \_\_\_\_\_  
\_\_\_\_\_

5. Method: \_\_\_\_\_  
\_\_\_\_\_

6. Method: \_\_\_\_\_  
\_\_\_\_\_

**c. Personal Objective:** \_\_\_\_\_  
\_\_\_\_\_

7. Method: \_\_\_\_\_  
\_\_\_\_\_

8. Method: \_\_\_\_\_  
\_\_\_\_\_

9. Method: \_\_\_\_\_  
\_\_\_\_\_

Student Initials: \_\_\_\_\_

Employer Initials: \_\_\_\_\_

Faculty Initials: \_\_\_\_\_