

Internship

SOUTHEAST MISSOURI STATE UNIVERSITY · 1873 Contrac	Course Numb	er Section	CRN
Student Information	ا Internship Semester: ا	all Spring Sum	mer Year
Name:		ID # <b>30</b>	
Anticipated Graduation: Fall Spring Summer Year	Are you an ONLINI If Yes above:	Only Student? In-State - or -	Yes No Out-Of-State
Major:			
Total Semester Hours Completed: See Degree Audit for this information	Total Semester Hours Con See Degree Audit for this		ourses:
Current E-Mail Address:			
Current			
Mailing <i>Number</i> / Street / Apt Address:	. #		
City / State / Zip Code			
Permanent Home Address: <u>Number</u> / Street /	Apt. #		
If different from above	,		
City / State /	Zip Code		
Telephone /	Permanent		
Cell Phone #: Local	Home:		
Internship Company/Agency Information:			
Company/Agency Name:			
Internship			
Supervisor:			
(onsite) Name		Title	
Internship Supervisor's E-Mail Address:			
Phone #:	Fax #:		
Address:			
Number / Street / Apt.	#		

Zip Code City State / /

Company/Agency E-Mail Address and Phone Number for Student Intern (*if applicable*):

E-Mail:

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Internship Title:			
Dates of Internship: From	То		
Internship Course Credit: Credit Hours Total Number of Student Hours			
Estimated Hours Per Week on the Job: Hours/	Week Student's Wage Rate (if applicable) \$		
List of Internship's Learning and Work Tasks-Provide approximate amount of time for each task:			
Task Descriptions (May Attach List)			
Signatures:			
Student:	Date		
Company Representative:	Date		
Department Chair or Designee:	Date		

Internship Coordinator: Dr. Christine Ladwig, <u>cladwig@semo.edu</u>, 573-986-6121, Dempster Hall Room 252 Provide form to Internship Coordinator: \*Email in .pdf format -or- \*Deliver to Dempster Hall Room 252 -or- \*Deliver to Department of Marketing, Dempster Hall Room 225