

Cooperative Work Experience Education (CWEE)-Occupational Internship Program--- Off-Campus Internship Request Form

Name of Company: _____

Internship Position Title: _____



Internship Supervisor:	Address:
Phone:	Email:
# of interns requested:	Semester requested (Fall, Spring, Summer):
Paid or Unpaid	Hours per week:
Is your company open to any of the following student request (please circle):	
Informational Interviews: Yes or No	Job Shadow: Yes or No

Internship Description:

Learning Objectives:

Ideally, each learning objective should be able to answer the following four questions:

1. What do you want to learn? (What is the task to be accomplished?)
2. How will you learn it? (How will it be accomplished?)
3. How will the results be measured? (How will it be evaluated and by whom?)
4. When will it be accomplished? (By what date will it be completed?)

Remembering that the learning objective must be specific, measurable, limited to a single definite result, and have a completion date.

Example: By the end of the semester, the student will strengthen their interpersonal communication skills by interacting with the public via phone, email, and face-to-face. The site supervisor will provide formative and summative assessments evaluating this objective.

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Learning Activities:

The request must include a description of the learning activities (job duties) that will allow the student to accomplish the defined learning objectives.

Example: Customer service functions, including: greeting customers, answering telephones, and answering questions regarding products and services

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Experience and Qualifications (Knowledge/Skills/Abilities):

Example: Skilled in Microsoft Excel

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Major(s) desired:

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Required/recommended coursework:

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How to apply:
