

# Internship Approval Form



University of New Hampshire  
at Manchester

Complete this form, including signatures from your Internship Site Supervisor and Internship Faculty Advisor, and submit it through the myCourses "Pre-Internship Assignments" course as soon as possible.

**You MUST submit this form BEFORE starting your internship hours. If Internship & Career Planning does not receive your completed forms by the withdrawal date, you will be dropped from your internship course.**

## STUDENT INFORMATION

Name: \_\_\_\_\_ UNH ID: \_\_\_\_\_

Internship Semester:      Fall      Spring      Summer      J Term      Year: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_ Internship Faculty Advisor: \_\_\_\_\_

## INTERNSHIP SITE INFORMATION

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Experience Type:      Internship      Job Shadow      Applied Project      Current Employer?:      Yes      No

Internship Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Internship Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Paid?:      No      Yes      \$      Per Hour      \$      Stipend      \$      Other

Work Schedule/Hours Per Week: \_\_\_\_\_

## **JOB DESCRIPTION**

Please provide a detailed job description or link where your faculty advisor can go to learn more about your position.

## **LEARNING GOALS**

Identify at least 3 goals and how they will be accomplished during your internship experience.

## SITE SUPERVISOR APPROVAL

By signing below, I verify that the information on this form is accurate. I agree to assist my intern in the achievement of the learning goals listed above. I understand that I may be contacted mid-semester and at the end of the semester for student evaluations that will be shared with their Faculty Advisor for grading.

If I have any questions, comments, or concerns about my intern or my role as a site supervisor, I will contact:

Maggie Wells | Internship Coordinator | UNH Manchester

m.wells@unh.edu | 603-641-4331

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FACULTY ADVISOR APPROVAL

By signing below, I verify that the information on this form is accurate and that I approve this internship experience for academic credit. In addition to internship hours on site, the academic criteria for my advisee has been indicated below. I understand that Internship & Career Planning will contact me if any issues arise through a mid-semester supervisor evaluation and I will receive a final supervisor evaluation that will be shared for grading purposes before the end of the academic semester.

If I have any questions, comments, or concerns about my intern or my role as a faculty advisor, I will contact:

Maggie Wells | Internship Coordinator | UNH Manchester

m.wells@unh.edu | 603-641-4331

### Academic Expectations

*Check all that apply*

Time Sheet

Reflective Paper

URC Presentation

Journal

Research Paper

Portfolio

Other: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Copies of this form will be distributed to the Site Supervisor, Student, and Faculty Advisor and originals will remain in Internship & Career Planning.***