JAT 399 Internship Contract

Name: **E-mail:**
Cell: **Address:**
Faculty Supervisor:

Company: **Phone:**

Address:

Supervisor: **Title:**
E-mail:

Beginning Date: **Completion Date:**

Work schedule:

Hours/Week:

Schedule for review/critique of work by supervisor & guidance on upcoming tasks:

Please be as specific as possible on the following:
Learning Objectives:
1.
2.
3.
4.

Specific duties/tasks:
1.
2.
3.
4.

Tangible outcomes of internships (professional skills or competencies acquired, professional portfolio pieces to be created created if applicable, etc.
1.
2.
3.
4.

_____ _____

Student **Supervisor**