

ECO 597

1-3 Credit Internship Approval Towards Advanced Certificate

NOTE: The three-credit internship only counts towards the Advanced Certificate Degrees. The internship **DOES NOT COUNT** toward the M.A. (30) or M.S. (36) credits degree requirements. Forms should be submitted before the start of the semester the internship occurs. You may apply for as many 1credit internships as desired.

INTERNATIONAL STUDENTS: You should consult with ISSS for any issues with F1 or STEM-extensions.

For grading purposes, your OPT/CPT supervisor must submit a 1page evaluation of your work completed. The student must also submit a 1page summary of the work completed.

Name

Person Number

Which Advanced Certificate will this be used towards

Employer/Internship Site Company Supervisor:

Address Company Supervisor's Title

Website Company Supervisor's Phone Number

What will your internship responsibilities entail? Company Supervisor's E-Mail

How long will you be working at the internship site

Hours per week will you be working

Agreed requirements between student & director

Student Signature _____

Director of Masters Programs Signature _____

INTERNSHIP OBJECTIVES STATEMENT

Please describe the goals of the internship. If necessary, you may attach a separate sheet. The goal(s) should be clearly defined and attainable within the semester requirement. they should also be substantive in nature and require the application of skills learned in the classroom.

Please include your offer letter from the organization with this form.

After you fill out this statement, please be sure it is signed by both the supervisor and the student before being presented to the faculty advisor for approval. After receiving faculty approval, submit this from to the internship and placement coordinator (Room 429 Fronczak) and you can then be registered for academic credit.

Internship Objective #1

Internship Objective #2

We agree that the internship will center around the above-stated goals.

Student (Print)

Signature

Date

OPT/CPT Supervisor (Print)

Signature

Date

Faculty Advisor (Print)

Signature

Date

Company Name

Address

Phone Number