

School of Business Administration ACADEMIC INTERNSHIP REGISTRATION FORM

STUDENT INFORMATION

Name:			ID #:
Last	First	MI	

EXPERIENTIAL STUDENT LEARNING OUTCOMES (TO BE FILLED OUT BY STUDENT)

What are the learning outcomes for this internship? Outcomes should be specific, measurable, challenging, realistic, and rewarding. The minimum is three learning outcomes.

1.	
2	
3.	
4.	
5.	
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STUDENT RESPONSIBILITIES (TO BE FILLED OUT BY SUPERVISOR)

Describe the essential functions of this internship. Please attach job description and additional details of work duties.

1	 	
2	 	
3	 	

REQUIRED SIGNATURES

UNDERSTANDINGS

I understand that this internship is a learning opportunity set within a professional work environment. My commitment will be the same as required for any other upper-division course. I accept my responsibilities as described in this agreement. I will approach the internship as an opportunity to apply academic knowledge and skills, seek and receive feedback, AND reflect and develop as a professional. I will follow the Gonzaga University Student Code of Conduct. I will become familiar with and follow the internship site's policies governing employee conduct, including policies related to safety, discrimination, harassment, retaliation, and communication.

I understand that my final assignments will be the following:

Provide the SBA with a picture of myself and short description of my internship to be used for promotional and educational activities such as the internships		
webpage and the information screens in Jepson lobby (due the 3 rd week of the semester)		
Reflection Paper or Poster Presentation (due the 14 th week of the semester)		
Student Self Evaluation (due at completion of internship experience)		
Supervisor Evaluation (due at completion of internship experience)		
Student Signature:	_ Date:	
Supervisor Signature:	Date:	
Career & Professional Development Liaison:	Date:	
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