

Student Name _____ NU ID _____

Major(s) _____ Interest Area(s) _____

Employing Organization _____

Employer Address _____ City _____ State _____ Zip _____

Supervisor Name _____ E-mail _____ Phone _____

Internship Title _____

Start Date _____ End Date _____ Pay Rate/Hour _____

Academic Credit: Yes No Credit Hours _____ Hours Worked Per Week _____

Student Learning Objectives:

Student's Major Responsibilities:

Orientation/Training:

Student Agrees to:

- Comply with organization's policies; notify supervisor if unable to work as scheduled
- Remain enrolled at UNK for the duration of the internship
- Notify internship advisor if internship ends early, or if significant changes in responsibilities or learning objectives are made

Employer Agrees to:

- Provide student with training and supervision needed to carry out responsibilities successfully
- Evaluate intern's performance and discuss with student at end of the internship

UNK Department of Physics & Astronomy is available to provide support to both student and employer.

Student _____ Date _____

Supervisor _____ Date _____

Please retain a copy for your records, and return completed form to:

Laura Jensen | Engineering Intern & Outreach Coordinator | 308.865.8001 | jensenla1@unk.edu | www.unk.edu/engineer