Academic Internship Agreement (AIA)

International students: please start the internship application process by meeting with <u>International Student Services</u>. Students, we want to help you have a great internship as part of your college experience! For questions, information, and support, please contact us at the Career Center: internships@metrostate.edu or 651.793.1289.

Student Information

	t and Last):		
Official Metro State University Email:		Phone:	
I am: an Unde	ergraduate student an International Student	Academic Advisor:	
a Gradu	ate student	Major:	
		Minor (If applicable):	
Course Information	on		
Internship semeste	r & year:	Credits requested: [1 credit = 40 hours of internship]	
	Code (Example: ICS, TCID, MIS):		
Internship Course T	itle (This will appear on your transcript):		
Grading Option:	Letter grade (If allowed in college/department)		
	Satisfactory/No credit: S/N		
Faculty Learning Ev	aluator's Name (First and Last):		
Email:	Phon	ne:	

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Internship Site Inf Internship Organiza					
Internship Job Title:					
The internship will l	Remote	n-site/In Persor (virtual) some on site, so		2)	
Internship organiza				, tate/country:	
Site Supervisor Nam Email:				Phone:	
Internship dates (M Number of hours pe			End:		
Compensation:	Unpaid Wages \$ Stipend \$			I am currently employed by my internship site:	Yes No
	Reimburseme	nt (tuition, expe	enses)		
-	egement ces		e following c	ollege:	
College of Comr	nunity Studies an	d Public Affairs			

Learning Strategies

If you require additional space, please attach a separate document with your Learning Strategies.

Competence Statement

What you intend to learn and anticipated learning outcomes.

Learning Strategies

Describe what you are planning to do to achieve your learning outcomes. Include practical and theoretical applications in your field. Note: be sure to include any college/department deliverables such as journals, papers, or group meetings.

Evaluation

Describe how the evaluator will evaluate and document the learning.

Signatures Metro State University recognizes a typed electronic signature as official approval. The free program <u>Adobe</u> Acrobat Reader is required to complete the e-signatures on this form.

Student:	Date:
Site Supervisor:	Date:
Faculty Learning Evaluator:	Date:
Dean:	Date:

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