



## Internship Site Information

Internship Organization Name: \_\_\_\_\_

Internship Job Title: \_\_\_\_\_

The internship will be:      100% On-site/In Person  
   Remote (virtual)  
   Hybrid (some on site, some remote)

Internship organization is based in:      Minnesota      Other state/country: \_\_\_\_\_

Site Supervisor Name: \_\_\_\_\_

Email: \_\_\_\_\_      Phone: \_\_\_\_\_

Internship dates (MM/DD/YY): Start: \_\_\_\_\_      End: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

Compensation:      Unpaid      I am currently employed by my internship site:      Yes  
   Wages \$\_\_\_\_\_/hour      No  
   Stipend \$\_\_\_\_\_  
   Reimbursement (tuition, expenses)

I have read and meet the required [guidelines](#) for the following college:

- College of Management
- College of Sciences
- College of Liberal Arts
- College of Nursing and Health Studies
- College of Individualized Studies
- College of Community Studies and Public Affairs

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### **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 [Adobe 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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