EMF INTERNSHIP REGISTRATION FORM

Student
Academic
Internship Site
Supervisor
Your
Source How did you obtain/arrange your internship?

Keep a copy of this form for your personal records and give a copy to your faculty coordinator

The Internship Program Learning Plan For The Interns



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All parties have discussed and agree with the Learning Objectives indicated in the Learning Plan and will work together to support the completion of the Learning Plan Objectives and Tasks:

1 = Poor, 2 = Marginal, 3 = Satisfactory, 4 = Very Good, 5 = Exceptional, N/A	A = Not Applicable
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Preparation	1	2	3	4	5	N/A
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Communication Skills	1	2	3	4	5	N/A
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Critical Thinking	1	2	3	4	5	N/A
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		-	-1	1		1
Technology	1	2	3	4	5	N/A
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Intern Name	Internship Site			
Semester	# Credits Earned	Hours/Week	Total Hours	

Career Center Coordinator _____ Faculty Coordinator _____

TU Wesbite	1	2	3	4	5	NA
EMF Web site						
Print resources/materials						
Faculty assistance						
Staff assistance						

How did The Career Center assist you in the internship process? Check all that apply.

_____resume/cover letter _____interview process _____internship search _____advice ____orientation _____explanation of process _____intake/individual appointment ____other (specify) ______

INTERNSHIP EXPERIENCE	1	2	3	4	5	NA
Academically prepared to perform work						
Orientation, training, guidance to perform tasks						
Regular meeting with site supervisor or accessibility when needed						
Sufficient time and opportunity to meet learning objectives						
Site supervisor or staff assistance in learning about career field/paths						
Feedback/fair evaluation from worksite supervisor						

Educational value of training; challenging/substantial projects