CAPSTONE INTERNSHIP APPLICATION & CREDIT VERIFICATION FORM

STUDENTS INFORMATION	
Student Name	
UID#	
Student Status Second Year Third Year	Fourth Year
Student's Address	
City, State, Zip	
Home Phone	or Cell Phone
Email Address	
INTERNSHIP SITE	
Name of organization/company	
Site Address	
Supervisor	
Supervisor's Title	
Supervisor's Phone	
Supervisor's Email Address	
NATURE OF INTERNSHIP	
Beginning Date Ending	g Date
Hours per week Total hours _	
REGISTRATION ON MYUI	
To earn credit for your internship, you must register	for WRIT:3900 on MyUI.
Semester/Year Completing Internship	•
Proposed semester hour of credits*	
*75 clock hours are required for each semester hour	of credit.
•	
· ·	
Student's Signature:	Date
Internship Supervisor's Signature:	Date
University Supervisor's Signature	Date

Learning Objectives Statement

What is the purpose of the Learning Objectives Statement?

The Learning Objectives Statement (LOS) is your "syllabus" or "self-study guide." It defines what you want to get out of your internship experience and how you will achieve your goals.

Your LOS should include:

- A 75- to 100-word description of your duties and responsibilities at your organization.
- A list of your academic, professional, and personal goals for the semester. Please include more than one goal per area. Each goal should be followed by a set of objectives, which are the means you will use to achieve your goals.

Some questions to consider when writing your LOS:

- What skills have you developed at college (through classes or extracurricular activities) that you hope will be utilized during this internship?
- What new skills do you hope to obtain during this internship, and how do you see them impacting your academic or professional careers?
- What do you hope this internship teaches you about yourself, and what personal goals do you hope this experience helps you reach?

Schedule of Assignments

STUDENT INFORMATION UID# _____ Student Name **INTERNSHIP SITE** Name of organization/company: Supervisor ____ Supervisor's Email Address _____ Week to Submit to University Complete/Submit Assignment **Supervisor** Learning Objectives Statement & Schedule of Before term begins Assignments Student Mid-Semester Self-Mid-term Evaluation and Discussion with **Agency Supervisor** Weekly Journal Every Sunday night 20/20 Experience Assignment/Reflection/Work Last day of the term Sample Agency Supervisor's Final Evaluation Last day of the term Student's Signature:

Internship Supervisor's Signature:

University Supervisor's Signature: