

Internship/Employment as Independent Study Details (addendum to independent study form)

This form is intended to document the topic and deliverables for students registering for independent study courses in the MIS department that incorporate components of internship or employment held by the student. This form will represent a "contract" of understanding between the student and faculty member.

To be completed by the student and approved/signed by the on-site supervisor of the internship/employment work used for credit towards an MIS degree.

1. STUDENT CONTACT INFORMATION

Name (Please Print): _____

TUID: _____

Degree Program (e.g. MS MIS) _____

While Interning I may be contacted at:

Telephone: () _____ Email: _____

Mailing Address: _____

Emergency Contact Person: _____ Telephone: () _____

Internship Start Date: _____

2. HOST SITE AND SUPERVISOR

Organization: _____

Mailing Address: _____

Supervisor: _____

Title: _____

Telephone: () _____ Email: _____

3. FACULTY SPONSOR

Faculty Member: _____

Telephone: () _____ Email: _____

4. POSITION DESCRIPTION

Please attach a brief typed description of the proposed internship. The description should include the following.

1. Company/Organization Description: A brief description of the host organization. Its line of business, products, services, annual revenue, number of employees, etc.

2. Internship Description. Describe your primary responsibilities. Include specific projects you will work on and/or report you will produce.

3. Benefits for the student. What specific skills you expect to gain? What specific processes you will master?

4. Skills: What skills or knowledge are required?

5. TERMS OF INTERNSHIP

How many hours will you work? _____ Over how many weeks? _____

STUDENT SIGNATURE: _____ Date: _____

I have reviewed the above internship work description. I agree that it accurately describes the internship work experience.

ON-SITE SUPERVISOR SIGNATURE: _____ Date: _____

I have reviewed the above internship work description. I agree that it adequately supports the goals and objectives of the independent study plan as described in the independent study registration form.

FACULTY SPONSOR SIGNATURE: _____ Date: _____

DEPARTMENT CHAIR SIGNATURE: _____ Date: _____

The "independent study registration form" mentioned in the last paragraph above is the form currently used for the independent study <http://www.mis.temple.edu/programs/Documents/IndependentStudy.pdf> Both the independent study form and this form must be signed and approved.