



School of Business Internship Proposal

Eastern Illinois University

An Internship Proposal and Agreement must be signed by you and your Internship Supervisor and approved by the School of Business before the beginning of the internship.

- Complete this Internship Proposal in consultation with your Internship Supervisor.
- The Internship Proposal should be **typed**.

Student Information		
Name	E-Number	Major
Hours Completed Toward Graduation	Expected Graduation Date: Month/Year	Academic Advisor
Phone Number	E-mail address	

Internship Site Information	
Name of Internship Organization	
Street Address, City, State, Zip	
Type of Business/Organization	Website Address

Internship Supervisor Information	
Supervisor's Name	Title
Area/Department	E-mail Address
Phone Number	Fax Number

Name		E-Number	
Internship Description			
Starting Date	Ending Date	Number of Hours per Week	Wages per Hour
Internship Position Description			
Describe/list the responsibilities and duties of the internship, including any special project for which you will be responsible.			
Relation to Your Major			
Explain how the internship is related to your major.			

Internship Learning Objectives

Name	E-Number
Internship Learning Objectives <ul style="list-style-type: none"> You and your supervisor should identify three learning objectives as well as the internship activities/projects that will help you achieve those objectives. Each objective should describe a clear, measurable outcome that you are expected to achieve by the completion of your internship. 	
Internship Learning Objective #1	
Objective #1: Specific Related Activities/Projects	
Internship Learning Objective #2	
Learning Objective #2: Specific Related Activities/Projects	
Internship Learning Objective #3	
Learning Objective #3: Specific Related Activities/Projects	

Internship Agreement

Intern	
Name	E-Number
Name of Internship Organization	
<ol style="list-style-type: none"> 1. I agree to complete the internship as described in the Internship Proposal. 2. I agree to complete and submit all assignments required by the School of Business. 3. I request to be enrolled for the following number of hours of academic credit for this internship*: <i>*You will be billed tuition & fees for the hours in which you are enrolled and must work at least 40 hours at the internship for each hour of credit to be received.</i> 4. I request to receive the following type of academic credit: 	
Signature	Date

Internship Supervisor		
<ol style="list-style-type: none"> 1. I agree to the terms of the internship as described on the Internship Proposal and agree to act as Supervisor for this internship. 2. I agree to complete a Midterm Evaluation and Final Evaluation for this intern to be provided to the Eastern Illinois University School of Business. 		
Supervisor's Printed Name	Supervisor's Signature	Date

EIU School of Business	
<ol style="list-style-type: none"> 1. The internship experience described in the Internship Proposal is approved by the School of Business as appropriate for academic credit. 2. The student is approved to be registered for enrollment in: 	
Internship Coordinator's Signature	Date
Chair or Associate Chair's Signature	Date