

Liberal Arts and Sciences - Social Entrepreneurship and Design Thinking

Contact Information:

Student Name

Phone

Organization name & Title

Email

Name of Manager(s)

Manager Phone

Manager(s) Email

Commitment Period:

Start Date: _____ End Date: _____

Job Description:

Choose your internship area(s)

Education

Human Rights

Environment

Law

Public Health

Journalism/Media

Youth

Publishing

Political Economy

Policy

Immigration

Other: _____

What type(s) of work will you be doing?

Research

Writing

Logistics/Event Planning

Administrative

Communications

IT

Marketing

Other: _____

- ★ *Managers only*
- Students only*

- ★ Briefly describe any long-term project(s) student will work on over the course of the internship period. Specifically, how will students contribute to that project as an intern?

- ★ What day-to-day tasks will students assist with?

Internship Objective(s):

- ★ What are your expectations from an intern to contribute to your organization?

Other Benefits: (This section should be filled out by the manager)

- ★ Will the student have the opportunity to participate in enrichment activities at the organization? For example, conferences, public or private talks, and other events.

- ★ Will the student have the opportunity to meet with colleagues at the organization to discuss their work?

- ★ Will the organization be offering the student any material benefits? For example, a transportation fee, food allowance, etc. If so, please specify here.

Learning Goal(s):

- As an intern, what do you expect to gain from this experience?

Competencies:

Name at least three skills you would like to develop this term.

_____	_____
_____	_____
_____	_____

Signatures:

Student Signature

Date

Manager Signature

Date

Academic Advisor Signature

Date

- ❖ Upon finishing your internship, submit signed papers to the LAS_SE Department office.
- ❖ Every student is required to write an internship report and defend in front of the committee.

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Contact Information:

Student Name

Organization name

Name of Internship Manager(s)

Manager's Phone

Manager(s) Email

DATE (FROM – TO)	MON	TUES	WED	THURS	FRI	TOTAL HOURS	MANAGER'S APPROVAL	
<u>02/24/2022</u>	<u>5</u>	<u>3</u>	<u>7</u>	<u>6</u>		<u>21</u>	<u>SBS</u>	<u>Sample</u>
<u>03/03/2022</u>								
								Timesheet Due
								Timesheet Due
								Timesheet Due
								Timesheet Due

End Date: _____

Total Internship Hours: _____

Manager's Signature: _____

Student's Signature: _____

Academic Advisor's Signature: _____