JOLIET JUNIOR COLLEGE
1901
CAREER SERVICES

ON-CAMPUS INTERNSHIP AGREEMENT

Date: _____

STUDENT INFORMATION

Student Name: _____ **Student ID:** _____
Email: _____ **Phone:** _____

DEPARTMENT INFORMATION

Department: _____ **Student ID:** _____
Supervisor: _____ **Title:** _____
Extension: _____ **Email:** _____

Internship Job Title: _____ **Number of credits:** _____
(Attach Job Description)

Beginning Date: _____ **Ending Date:** _____
Hours per week: _____ **Rate of pay (if applicable):** _____

LIST THREE MEASURABLE LEARNING OBJECTIVES, ON WHICH THE STUDENT CAN BE EVALUATED

OBJECTIVE # 1:

Accomplished How:
Method of Evaluation:

OBJECTIVE #2:

Accomplished How:
Method of Evaluation:

OBJECTIVE #3:

Accomplished How:
Method of Evaluation:

Student Signature: _____ **Date:** _____
Department Supervisor: _____ **Date:** _____
Faculty Advisor: _____ **Date:** _____