



(To be completed by Office Staff)
CRN: _____

Form updated 8/23/2019

Undergraduate Internship Form

(To be completed by the student and supervising faculty member)

Student Name: _____ Student ID #: _____

Student UNCC Email: _____ Department: _____

Supervising Instructor: _____

Course Title: _____ Topic: _____

Credit Hours: _____ Term: _____

Internship Location: _____

Internship Contact: _____ Contact Email: _____

Expected Student Learning Outcomes/Objectives:

Grading/Evaluation Criteria:

Assignments (readings, description of assignments, etc.):

Student Signature (Digital Signature)

Supervising Instructor Signature (Digital Signature)

Department Chair Signature (Digital Signature)