



Texas Lutheran University INTERNSHIP STUDY PROPOSAL

To the Student: Complete Section "A" and Section "D" of this form and secure the necessary signatures prior to registration. This form must be turned in to the Registration and Records Office when you register. Please type or print clearly.

SECTION A: TO BE COMPLETED BY STUDENT

STUDENT NAME: _____ **TLU ID #** _____

REGISTRATION IN: _____
(Department and 419, 429, OR 439 OR BIO 219, 229, 239 OR CHEM 219, 229, 239)

TERM OF PROPOSED STUDY: Fall 20____ Spring 20____ Summer 20____

Student Intern's Signature **Date**

STOP!! You must complete Section "D" (Study Description) before presenting this proposal to your faculty supervisor of study for signature!

SECTION B: TO BE COMPLETED BY FACULTY SUPERVISOR OF STUDY

Method of Grading must be : Credit/No-Credit
Brief description of expectations and evaluation process [Example: journals, research papers, weekly meetings, supervisor's completion of evaluation form(s), etc.]:

Faculty Supervisor of Study's Name (please print) Signature Date

SECTION C: ADDITIONAL CLEARANCES

Academic Advisor's Name (please print) Signature Date

Chair of Department's Name (please print) Signature Date

The Registrar's Office will provide copies of this completed form to: Faculty Supervisor of Study, Academic Advisor, Career Services Office.

SECTION D: TO BE COMPLETED BY STUDENT*

INTERNSHIP STUDY DESCRIPTION

***In consultation with on-site supervisor if possible.**

Please print clearly or type

STUDENT NAME: _____

MAILING ADDRESS FOR TERM OF PROPOSED STUDY:

Street	Apartment No.	E-mail Address
City	State	Zip
		Telephone Number

DEPARTMENT/COURSE NUMBER: _____

TIME FRAME: Starting date: _____ **Ending date:** _____

NUMBER OF CONTACT HOURS: _____ hours per week for _____ weeks = _____

NOTE: Internship MUST occur in semester of registration (i.e., a summer internship must be registered for in summer and paid for during the summer.)

STATEMENT OF PURPOSE OF INTERNSHIP STUDY (What do you hope to learn; in what areas(s) will you gain expertise and knowledge or improve your skills; how will this experience fit into your overall career plan; etc.):

(Attach another page if necessary to complete your Statement of Purpose.)

Name of On-Site Supervisor _____

Employer/Company _____

Mailing Address _____

Phone: (____) _____ **Fax:** (____) _____ **Email:** _____