

Ferris State University - College of Business
Internship Program
Site Proposal
Learning Objectives & Special Project Form

To be filled out by the employer and prospective intern and returned to COB Department Head to continue approval process. Complete and submit this form to:

College of Business Internship Coordinator, Barbara Renne

E-mail: COBinterns@ferris.edu or Fax: 231.591.2463

STUDENT CONTACT INFO: (while on internship)

Student Name: _____ **Student Number:** _____
Work Phone: _____ Home Phone: _____
Home Address: _____ City: _____ St: _____ Zip: _____
E-Mail Address: _____
Major: _____ Semester/Year: _____ Credit Hours: 3 or 6

COMPANY CONTACT INFO:

Company Name: _____ Supervisor: _____
Street Address: _____ Supervisor's Phone: _____
City, State, Zip: _____ Supervisor's E-mail Address: _____

COMPANY INFO:

URL: _____
Company is _____ Local _____ National _____ International
of employees _____ Local _____ National _____ International

POSITION INFORMATION:

Internship Job Title: _____
Work Dates: _____ Work Hours: _____ Hours per Week: _____

SPECIAL PROJECT

Your internship will require you and your supervisor to work closely on a special project or series of projects that not only adds value to the employer, but adds to your portfolio and can be placed on your resume when seeking a job. It should be a learning experience which requires hands-on supervision by your immediate supervisor and provides you with an opportunity to produce a deliverable that shows that you can apply your classroom knowledge and critical thinking skills in a real life project specific application. I agree to undertake a special project or series of projects with my supervisor that requires me to work closely with that supervisor in order to complete a learning deliverable by the end of the internship period. Attached is a one-page or less description of what the defined project will require and produce.

LEARNING OBJECTIVES:

Develop at least 4 learning objectives in coordination with your site supervisor. Refer to page 18 in Student Manual for instructions and clarification.

Signature of Student: _____ Date: _____

Signature of Employer: _____ Date: _____

Signature of Department Head: _____ Date: _____

Signature of Internship Coordinator: _____ Date: _____