



ACADEMIC INTERNSHIP PROPOSAL

To be completed by the HNU Student

Student Name _____ Semester/Year of Internship _____
 Address _____
 E-mail _____ Phone _____
 Major _____ Academic Advisor _____
 Start Date _____ End Date _____ Units (1-3, i.e. 1 unit = 45 hours) _____ Letter grade Credit/No Credit
 Internship Course I.D. _____ Faculty Internship Supervisor _____



To be completed with the On-site Supervisor

Internship Site _____
 On-site Supervisor _____ Title _____
 Address _____
 E-mail _____ Phone _____
 Describe the duties and responsibilities involved in the internship:



Required Signatures

On-site Supervisor _____ Date _____
 Print Name _____
 Department Chair _____ Date _____
 Print Name _____