

WEBER STATE UNIVERSITY
Bachelor of Integrated Studies

Internship Application and Approval Form

BIS STUDENT:

Name _____ W# _____ Date _____

Phone number _____ E-mail _____

Internship position _____

Internship start date _____ completion date _____

BIS 3850: _____ (one credit hour) _____ (two credit hours) _____ (three credit hours)

INTERNSHIP PARTNER:

Internship organization _____

Supervisor's name _____ Position _____

Phone number _____ E-mail _____

INTERNSHIP DESCRIPTION:

Provide a complete description of the project or job duties:

Major learning activities/objectives agreed by intern (student) and internship supervisor:

1. _____

2. _____

3. _____

4. _____

APPROVED:

Intern Signature: _____ Supervisor Signature _____

BIS Director's Signature: _____ Date _____