

CCE Internship Work Proposal Form 1

This form should be completed and signed by student, employer supervisor, faculty advisor, and Dept. Chair. Completed the term *before* the internship begins.

Student Name (Please Print): _____ Student Signature: _____

KSUID: _____ Date: _____

Proposed Work Assignment:

Fall Spring Summer

Dates: _____ to _____
Month, Day, Year Month, Day, Year

Work Experience:

Please Sign and Date Below:

Employer Supervisor: _____ Date: _____

Faculty Advisor : _____ Date: _____

Department Chair: _____ Date: _____