

**Department of Health and Human Performance**

*This form is to be completed, approved and signed before registration in any of the following:*

**Contract for**  INTERNSHIP  INDEPENDENT STUDY

Student Name \_\_\_\_\_ I.D. # \_\_\_\_\_ Sem. \_\_\_\_\_ Yr. \_\_\_\_\_

E-mail Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Course No. \_\_\_\_\_ Section No. \_\_\_\_\_ CRN \_\_\_\_\_ Cr. \_\_\_\_\_ Instructor \_\_\_\_\_

Preceptor/Supervisor \_\_\_\_\_ Agency/Organization \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Student Learning Outcomes:**

**Evaluation Criteria:**

**Percent Allocated:**

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Approved By:**

Agency Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Student: \_\_\_\_\_ Date \_\_\_\_\_

Advisor/Instructor: \_\_\_\_\_ Date \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date \_\_\_\_\_