

**Internship Application – PIP (generic)
Learning Objectives Plan**

**Complete this form with the assistance of your internship supervisor and internship advisor.
(PLEASE PRINT.)**

Intern: _____ Email _____
Home Phone _____ Work Phone _____
Cell Phone _____
Address _____

School Internship Advisor _____
Phone Number _____ Email Address _____
Address _____

Internship Supervisor Name _____
Name of Company _____
Email Address _____
Phone Number _____ Fax Number _____
Company Address _____

Internship Title _____

List 3-5 new job-specific learning objectives below.
1.
2.
3.
4.
5.

Description of Duties and Responsibilities:

Location: _____
Duration: Begin date _____ **End date** _____
Hours/week: _____
Stipend ___ **AMOUNT \$** _____ **Unpaid** ___

Approved by:

Internship Supervisor _____ **Date**

Internship Advisor _____ **Date**

Parent or Guardian (if under age 18) _____ **Date**