



Panther Internship Program

Internship Programs Learning Objectives

PLEASE PRINT OR TYPE

Name:			Student Number:		
Place of Employment:					
Address:			City/State/Zip:		
Phone:			Fax:		
Check One:	Co-op Course:		Internship:		
Fall:	Spring:		Summer:		
Supervisor:	Department:				
Job Description:					
(Please list at least 3 learning objectives for this internship)					
Objective 1:					
Objective 2:					
Objective 3:					
Objective 4:					
Additional Comments:					
Student's Personal Learning Objectives					
Objective 1:					
Objective 2:					
Objective 3:					
Objective 4:					
Objective 5:					
This is to certify that the student named above has reviewed the learning objectives with the named supervisor.					
Supervisor Signature			Date		
Student Signature			Date		