

INTERNSHIP MEMORANDUM OF UNDERSTANDING

UNL CAREER SERVICES

Student Name: \_\_\_\_\_ NU ID: \_\_\_\_\_

Major(s): \_\_\_\_\_ Class Standing: \_\_\_\_\_

Employing Organization: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Internship Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Pay Rate/Hour: \_\_\_\_\_

Academic Credit: ☐ Yes ☐ No Department: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Student Learning Objectives:

Student's Major Responsibilities:

Orientation/Training:

- Student Agrees to:
- ☐ Comply with organization's policies; notify supervisor if unable to work as scheduled.
  - ☐ Remain enrolled at UNL for the duration of the internship.
  - ☐ Notify internship advisor if internship ends early, or if significant changes in responsibilities or learning objectives are made.

- Employer Agrees to:
- ☐ Provide student with training and supervision needed to carry out responsibilities successfully.
  - ☐ Evaluate intern's performance and discuss with student at end of the internship.

UNL Career Services is available to provide support to both student and employer.

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

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

To establish an on campus record of the internship, please retain a copy for your records, and return completed form to: