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 D	Department:	Cr	edit Hours:
Student Learning Objectives:			
			5
Student's Major Responsibilities:			
Orientation/Training:			
Student Agrees to: O Comply with organization's policies; notify	supervisor if unable to work as sched	duled	
 Remain enrolled at UNL for the duration of the internship. Notify intership advisor if internship ends early, or if significant changes in responsibilities or learning objectives are made. 			
Employer Agrees to:	,,	g,	
 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:		D	pate:
Supervisor:		D	ate:

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



Career Services | 230 Nebraska Union | PO Box 880451 | Lincoln, NE 68588-0451 (402) 472-3145 | (402) 472-3552 FAX | www.unl.edu/careers careerservices@unl.edu



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