

## INTERNSHIP AGREEMENT FOR ACADEMIC CREDIT

Date	UIN//////////
Name	ACE Concentration
Netid@illinois	s.edu Hours completed prior to internship
Phone Numbers: Cell	Home
Total hours previously earned from an interr	nship: (may earn up to 10 hours total)
Est. graduation date:	
Internship Start Date	
Internship End Date	
Number of hours of work per week	hours
Duration of Internship weeks	
The final work product will be due by	(Insert Date)

## Brief Description of Nature of Internship and Academic Work to be Completed Under Faculty Supervision

- Outline the type of work product you are planning to complete. Be specific about the requirements of the product in terms of format, length or scope, effort involved, and deadlines for completion.
- List the objectives of your experience and specific activities or plan of work that will be completed for academic credit. Be as specific as possible.
- Faculty please contact Ann Finnegan, abfinnan@illinois.edu if have any questions.
- Attach Description/Schedule of Academic Work to be completed.



Name	UIN//	/////
noted on this agreem consultation with my details of my experier	ectations of my experience to be comp nent. The objectives and proposed active Faculty Supervisor and Cooperating Em nce and its work product may be used in Full Jultural and Consumer Economics and/or	vities have been prepared in ployer. I understand that the n publicity and recruiting by the
Student:		
	Signature	Date
Cooperating Employe	er/Supervisor:	
Company/Departme	nt/Organization	
	Phor	
E-mail:		ail:
	ACE Faculty Supervisor App	oroval
I have reviewed this cexperience.	application, support the objectives, and	agree to supervise the
Hours of Credit to be	Earned:	
Faculty Supervisor (pl	ease print):	
Signati		Date