

# Wilkes University

## Cooperative Education and Field Experience Program Data Form

Student Name: \_\_\_\_\_ WIN # \_\_\_\_\_

Wilkes University Email Address: \_\_\_\_\_

Major: \_\_\_\_\_ Student Phone Number: \_\_\_\_\_

Internship Site (Organization Name): \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Supervisor/Title: \_\_\_\_\_ Site Phone: \_\_\_\_\_

Supervisor E-mail: \_\_\_\_\_

Intern/Co-op Title: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Date of Assignment \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Credits: \_\_\_\_\_ Course No.: \_\_\_\_\_ Faculty Coordinator: \_\_\_\_\_

### Weekly Internship Schedule

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Varies

### Student Learning Objectives

**Objectives** (To be completed with site supervisor):

**I. Job Description-** Duties to be performed, work situations to be observed, future projects.

- 1)
- 2)
- 3)

**II. Learning Resources-** Supervisory sessions, staff meetings, readings, training, personnel.

- 1)
- 2)
- 3)

**III. Dress Code**

**IV. Confidentiality Policy** (attach)

**V. Other** (non-compete, hold harmless, etc.; attach)

**APPROVED BY:**

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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