



WILKES UNIVERSITY

Cooperative Education and Field Experience Program Data Form

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

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

Internship Site: \_\_\_\_\_

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

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

Fax No.: \_\_\_\_\_ Supervisor E-mail: \_\_\_\_\_

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

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

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

Weekly Internship Schedule

Table with 8 columns: 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: \_\_\_\_\_

Co-op Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_