

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

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: _____