EDUC 550: APPLIED STUDIES APPRENTICESHIP WORK SITE APPROVAL AND INFORMATION FORM

IMPORTANT: Students may not begin an apprenticeship until this form is signed by all parties.

Student Name:	
Dates of Apprenticeship:	
Name of Organization:	
Student's phone:	
Student's email:	
Site Supervisor:	
Title:	
Supervisor's email:	
Supervisor's phone:	
Supervisor's fax (if applicable):	
TO BE COMPLETED BY STUDENT	
Student has met the following criteria:	
Met with program's academic advisor regarding practicum, internship, or	r apprenticeship enrollment
TO BE COMPLETED BY FACULTY:	
Student has met the following criteria:	
Acceptance into the Workforce Leadership and Applied learning major	
Minimum 2.00 GPA	
Submission of acceptable learning objectives and job responsibilities	
Submission of appropriate Affiliation Agreement (if needed)	
APPROVAL OF ASSIGNMENT:	
Student Signature	Date
Site Supervisor Signature	Date
Faculty Supervisor (F.S.) Signature	Date
Program Director Signature	Date

Date assignment may start, as determined by F.S.:______F.S. Initials:_____

mutually agreed upon by the *student and site supervisor* for the length of the applied learning assignment. Please list **YOUR** applied learning *responsibilities* (e.g. – budget preparation): (1) (10) Student Initials: _____ Site Supervisor Initials: _____ Faculty Supervisor Initials: _____ Describe objectively (in list form) what you hope to accomplish (e.g. - learn how to properly prepare a budget statement for a large organization) (6) (10) Student Initials: _____ Site Supervisor Initials: _____ Faculty Supervisor Initials: _____

• It is imperative that a **job description** be established at the beginning of the internship. This allows all who are involved to understand what the student will hope to accomplish and will be a yardstick for measuring student accomplishment. The job description should be made up of work-related duties that have been