

Samford University
Brock School of Business Academic Internship Program
Academic Contract for Individualized Study

I. Student Information

Student Name _____ SU ID# _____
Major _____ Class (Grad. Date) _____
SU P.O. Address _____ SU e-mail address _____ Cell Phone _____

II. Sponsoring Organization Information

Internship Site _____
Complete Address _____ Phone _____
Supervisor Name and Title _____
Supervisor email address _____

III. Objectives of Internship:

IV. Methodology (*specific activities for achieving above objectives; evidence of 150 total hours of involvement*):

V. Academic Component of Internship (*application and integration of theory to experience*):
Describe the deliverable academic products to be evaluated (e.g., oral or written report presentation, examination, research or reflective paper and length, analytic journal, etc.):

VI. Approval/Signatures

Signature of Student _____

Signature of Site Supervisor _____

Signature of Internship Faculty Advisor _____

Signature of Internship Program Director _____