Office for Sponsored Staff and Volunteer Services

Student Intern Curriculum

Student Intern Name:

College/University/High School Attending:

Department Name: Location:

Supervisor Name: Contact Information:

Internship Start Date: Internship End Date:

Training Goals
Please detail the specific skills or knowledge base to be developed as a part of this internship. What should the student intern have learned at the conclusion of this experience? Please be as specific as possible:

Daily Activity
Please detail the specific activities the student intern will be involved in on a daily basis to ensure the training goals are met:
Daily schedule (hours worked)?

Training Supervision
Please provide details on who will provide appropriate training and supervision in support of each of the training goals/activities):

Weekly meetings
The department supervisor should meet at least once a week with the student intern to solicit feedback, discuss training progress and provide mentoring.
Weekly meeting time:

Department/Staff meetings
Student interns should participate in regular department meetings to gain a better understanding of the overall department activity and meet others working in department. Department meeting time:

Name: ____________________________

Signature: ____________________________

Student Intern Signature

Department Head/Administrator