BMGT099 Internship Learning Contract

REQUIRED For students requesting permission to enroll in BMGT099. Complete and signed form needed BEFORE registration.

ABOUT YOU (Completed by Student)

Last Name: ___________________________ First Name: ___________________________ UID: ___________________________

Expected Graduation: (MM/YY) __________/_________ Degree: ___________________________

ABOUT YOUR INTERNSHIP (Completed by Student, Signed by Student and Employer)

Employer (Organization) Name: ____________________________________________________________

Supervisor Name/Title: _________________________________________________________________

Supervisor Phone # and Email: __________________________________________________________________________

Internship Work Site Address (#, Street, Suite, City, State, Zip - no P.O. Box addresses) __________________________________________________________________________

Employer Mailing Address (if different from Internship Work Site Address) __________________________________________________________________________

Internship length (in weeks) __________________________________________________________________________

Expected number of work hours (per week) __________________________________________________________________________

Job responsibilities: __________________________________________________________________________

________________________________________________________________________________________

LEARNING GOALS

How does this internship relate to your major/program of study at the University of Maryland?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

For this internship/co-op experience, the student will engage in professional-level employment. The employer has provided the student with a description of their duties as an intern or co-op, which relate to the student employee’s program of study at the University of Maryland. The supervisor will provide student employee with training, guidance and direction, and will not make any offer of employment which would be in conflict with the student’s academic commitments. As the student gains experience and expertise, the supervisor may provide increased levels of responsibility. The student will register for BMGT099 before beginning work, will maintain satisfactory academic progress while enrolled in the internship/co-op experience and agrees to work for the period of time outlined in the related offer letter. Students on F-1 visas may only begin work after CPT work authorization is approved by UMD International Student & Scholar Services (ISSS).

Student Signature ___________________________ Date ___________________________ Internship Supervisor Signature ___________________________ Date ___________________________

Van Munching Hall - University of Maryland, College Park MD 20742

BMGT099@rhsmith.umd.edu