## University of South Carolina Upstate Johnson College of Business and Economics Internship Contract/Field Experience BADM 499

Student Information: (PLEASE TYPE OR PRINT CLEARLY) Major\_\_\_\_ Student's Name: Last M.I. First Cumulative GPA\*: \_\_\_\_\_ Student Number: \_\_\_\_\_ Phone Number: Course Department:\_\_\_\_\_ Number: \_\_\_\_\_ Credit Hours:\_\_\_\_ Course Title: \_\_\_\_\_ Year: \_\_\_\_\_ Instructor:\_\_\_\_\_ Academic Unit: This section to be completed by employer internship supervisor: **Company/Organization Name and Address: On-Site Supervisor:** Name: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Internship Start Date: End Date: #hours/week: Description: include conditions, duties, schedule (i.e. days/hrs./week) Please use additional sheet if needed Method of evaluation student will be measured by: To be completed by Internship Faculty Instructor and student: Course Objectives: new skills or information the student will acquire \*generally 42-45 contact hours is equivalent to a semester hour Required signatures: Student's Signature\*\* Date Supervising Instructor Date

Signature of the Dean of instructor's academic unit

Take the completed form, with all signatures to the Records Office to be registered for the course.

Date

**Records Office:** 

Internship Supervisor Signature

<sup>\*\*</sup>By signing above, the student understands that he or she cannot register for another course while waiting on approval for BADM-499 and drop the other course if the internship is approved. If the student drops any course after the withdrawal date, it will result in a "W" on their transcript.

Date registered:

Copies: records, student, instructors, advisor, chair, dean of academic unit