



POSITION ACTIVITIES / JOB DESCRIPTION - CCM'S INTERNSHIP PROGRAM

Student _____ Semester _____

Employer _____

Employer Address _____
Street City State Zip

Supervisor Name _____ Supv. Phone _____

Supervisor E-Mail _____

INSTRUCTIONS: Please identify the activities that the student will be engaged in during the semester.

Note: If this student has worked for at least three months prior to the internship semester, please briefly describe the current job duties here, then identify new learning below. _____

POSITION ACTIVITIES / LEARNING GOALS _____

Signatures:

Employer Supervisor Date

Faculty Advisor Date

Student Date

Faculty Use Only: Please register this student for
Course #(s) _____ /Term _____