



MILLIKIN UNIVERSITY®

Registrar's Office
1184 West Main Street
Decatur, Illinois 62522

Internship Contract Traditional Undergraduate Program Only

217.424.6217
217.420.6789
www.millikin.edu

Student Name: _____ Term: Fall___ January___ Spring___ Summer___ Year_____

Student ID: _____ Major 1_____ Major 2_____

Please also include the syllabus and agreed upon learning goals for the course.

Registering for an internship may have financial implications if the credits put you into overload or the internship is taking place during an immersion term. Please contact Student Financial Services with any questions or concerns about your account.

INTERNSHIP SITE INFORMATION:

Name of Company/Organization: _____

Site Supervisor Name: _____

Address: _____

City/State/Zip: _____

Supervisor Telephone: _____ Supervisor Email: _____

INTERNSHIP COURSE INFORMATION:

Name of Course: _____ Course Number: _____

Number of Credit Hours: _____ Dates of Internship: _____

Millikin Instructor Name: _____ Instructor Email: _____

I have discussed this fully with my faculty supervisor and have agreed upon the content and terms needed to complete this course satisfactorily. Please obtain signatures below in order.

1) Student's Signature Date

4) Department Chair/Director's Signature Date

2) Supervising Faculty Signature Date

5) Dean's Signature Date

3) Advisor's Signature Date

Director of January and Summer Immersion Date
(Required only if plan of study occurs during the January
or Summer Immersion Term)

office use only
CRN _____ Date entered _____