

**Augustana College**  
**Internship Learning Experience**  
**Course Proposal**

Name: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Student Classification:  Graduation Date: \_\_\_\_\_

Term of Registration:  Year: \_\_\_\_\_ Internship Location:

Department/Course Number: \_\_\_\_\_ Semester Credit Hours: \_\_\_\_\_

Descriptive Title: \_\_\_\_\_

**Host Site (Agency) Information:**

Supervisor's Name _____	Supervisor's Title (Position) _____
Department _____	Company _____
Telephone Number _____	e-mail address _____
Address _____	City, State, ZIP code _____

**Attach to this form a word-processed document clearly and fully discussing each of the following:**

1. **DESCRIPTION:** A one or two-page description of the proposed Internship Learning Experience. Include a description of the setting for the internship, the project advisor's position, a synopsis of your particular project, and the relationship of the internship to your career objective or academic major.
2. **OUTCOMES:** What are the outcomes of this proposed Internship Learning Experience?
3. **ACTIVITIES:** What activities do you plan to use to achieve each of your outcomes? (Be sure to relate each activity to a specific outcome.)
4. **BACKGROUND READING:** List book chapters, articles, materials, or other readings assigned as preparation for this internship to provide theoretical background for your experiential learning:
5. **WRITTEN EXERCISES:** List the written exercises which will be a part of the internship. (Be sure to include the writing assignment you will do to record the daily learning process, as well as your summary paper which reflects on your total experience.)

**The following two items are to be completed by the Faculty Internship Supervisor:**

**1. Evaluation and**

**Assessment:** Upon what basis will the grade be determined?

**2. Grading System:** (check one) \_\_\_\_\_ S/U \_\_\_\_\_ ABCDF

\_\_\_\_\_  
SIGNATURE: Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE: Academic Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE: Faculty Internship Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE: Registrar

\_\_\_\_\_  
Date