

Grand Valley State University PSM Internship Agreement



A student must submit the **completed** form with all of the required signatures to the PSM Coordinator.
Department approval is required prior to enrollment for PSM 691 internship credit.

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| To be completed by PSM M.S. Student | Date: _____ |
| Student Name _____ | Student G# _____ |
| Local Student Address _____ <small>Street</small> | Local Phone Number: _____ |
| _____ | Student E-mail: _____ |
| <small>City, State, & Zip Code</small> | |
| Program/Major: _____ | Courses completed in major: _____ |
| Courses continued: _____ | |
| GPA: Overall _____ | GPA In Major: _____ MS Degree Credits Completed: _____ |
| Semester of Internship _____ | Number of Credits you wish to receive for this internship _____ |
| Date Internship Begins _____ | Ends _____ Hours per week _____ |
| <p>Note: Four credits of PSM 691 Internship are required for the PSM M.S. degree. A minimum of 448 hours of work is expected for four credits of PSM 691.</p> | |

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| To be completed by Student & Employer/Supervisor. Please attach a description of the internship responsibilities and learning objectives. | |
| Employer evaluation of intern is at http://www.gvsu.edu/careers/index.cfm?action=home.intern_employer | |
| Internship Organization _____ | Web site: _____ |
| Employer/Supervisor Name _____ <small>(Please print)</small> | Title _____ |
| Organization Address _____ <small>(Street)</small> | E-mail _____ |
| Address _____ <small>City, State & Zip Code, PLEASE PRINT</small> | |
| Organization Phone _____ | Fax _____ |
| Employer's/Supervisor's signature _____ | Date _____ |
| Student signature _____ | Date _____ |

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| To be completed by PSM Coordinator and Department PSM Program Director | Academic Department: CIS ___ CMB ___ STA ___ |
| Academic component requirement(s): <u>Weekly Reflective Journal, Written Internship Report, Presentation to Department, and Employer Evaluation of Intern.</u> | |
| I approve the internship: | |
| PSM Faculty Coordinator's Signature _____ | Date _____ |
| Department Approval _____ <small>(Department PSM Program Director)</small> | Date _____ |

I hereby authorize the GVSU Career Services Office to convey and/or send the information contained in my internship/co-op application to employers or to other appropriate officials. I understand that upon obtaining an internship/co-op position, I must register for at least one (1) credit through the University registration process. **Students Initials** _____.