

Internship Plan



Religious Studies Department
Missouri State University
www.missouristate.edu/relst

Name of Student Intern

Date

Name of Internship

Course

CRN

Credits

Semester(s)

Student Information

Local address: _____

City, State, Zip: _____

Address during internship (if different from above): _____

City, State, Zip: _____

E-mail: _____ @live.missouristate.edu

Cell Phone: _____ BearPass Number: M _____

Internship Information

Company: _____

Mailing Address: _____

City, State, Zip: _____ Phone: _____

Supervisor Name & Title: _____

Supervisor E-mail: _____

Start Date: _____ End Date: _____ Pay, if applicable: _____

Description of Job Duties: _____

Student Signature _____

Faculty Signature _____

Employer Signature _____