

INTERNSHIP ACADEMIC CREDIT CONTRACT

UNL CAREER SERVICES

Student Name: _____ NU ID: _____

Major: _____ Class Standing: _____

Employing Organization: _____ City: _____ State: _____

Internship Title: _____ Semester/Year: _____

Faculty Sponsor: _____	Phone: _____	
Academic Department: _____		
Faculty Address: _____	Campus Zip Code: _____	
Course Number: _____	Class Number: _____	
Number of Credit Hours: _____	Type of Grade: <input type="checkbox"/> Pass/No Pass <input type="checkbox"/> Letter Grade	
Academic Requirements: Check all that apply and describe below.		
<input type="checkbox"/> Readings	<input type="checkbox"/> Research Project	<input type="checkbox"/> Journal
<input type="checkbox"/> Meeting with Faculty Sponsor	<input type="checkbox"/> Paper	<input type="checkbox"/> Other
Will student arrange additional credit from other academic departments/faculty sponsors? <input type="checkbox"/> yes <input type="checkbox"/> no		


Student agrees to:

- Successfully complete the internship.
- Fulfill academic requirements as assigned by faculty sponsor.

Student: _____ Date: _____

Faculty Sponsor: _____ Date: _____

To complete the on-campus record of this internship, please return completed form or a copy of department course form to:



Career Services | 230 Nebraska Union | PO Box 880451 | Lincoln, NE 68588-0451
(402) 472-3145 | (402) 472-3552 FAX | www.unl.edu/careers

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