

INTERNSHIP MEMORANDUM OF UNDERSTANDING

UNL CAREER SERVICES

Student Name: _____ NU ID: _____

Major(s): _____ Class Standing: _____

Employing Organization: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor Name: _____ Phone: _____

Supervisor E-mail: _____

Internship Title: _____	
Start Date: _____	End Date: _____ Pay Rate/Hour: _____
Academic Credit: <input type="checkbox"/> yes <input type="checkbox"/> no	Department: _____ Credit Hours: _____
Student Learning Objectives:	
Student's Major Responsibilities:	
Orientation/Training:	

Student Agrees to:

- Comply with organization's policies and procedures.
- Maintain student status at UNL for the duration of the internship.
- Update and resubmit this form if significant changes in responsibilities or learning objectives are made.

Employer Agrees to:

- Provide student the training and resources needed to carry out responsibilities successfully.
- Provide feedback and discuss performance evaluation with the student.

UNL Career Services is available to provide support to both student and employer.

Student: _____ Date: _____

Supervisor: _____ Date: _____

Campus Employers: Submit a copy to UNL Payroll, 401 ADMS 0436 and to Career Services 230 NE Union 0451



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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