**ANS494 Memorandum of Agreement**

**Student Internship Supervisor:**

***Name: Name:***

***Email: Email:***

***Unity ID:***

**Internship Title:**

**Internship Goals and Objectives:**

This internship category provides students an opportunity to gain experience with some aspect of teaching, including one or more of the following: **leading or facilitating lessons, producing educational resources, or education research**.

* Describe the overall internship goal relative to the above statement:
* Describe the detailed objectives that will be completed in order to accomplish the overall internship goal:
* When will the internship start and end? Provide specific dates.
* Approximately how many total "contact-hours" are required by the internship and how many credit hours are being requested? Provide a brief description how this estimate was calculated (e.g., hrs/wk x number of weeks for each major activity associated with accomplishing internship objectives). **45 contact hours are required per 1 credit received.** Up to 3 credits can be requested. For example: a minimum of 135 contact hours are required to receive 3 credits.

 \_\_\_\_\_\_\_\_ Number of credits requested (3 credits maximum).

* If the internship is to be completed over the summer, please indicated the semester in which you want to receive credit (e.g., Summer 1, Summer 2 or Fall). Credit for internships completed over the summer can be applied to the following fall semester.

We, the undersigned, agree to carry out the internship objectives described in this Memorandum of Agreement within the time-frame indicated above:

**Signed**: **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Student**

**Signed**: **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Supervisor**