

**SCHOOL OF MANAGEMENT
BINGHAMTON UNIVERSITY**

**INTERNSHIP CONTRACT
MGMT/ACCT 495**

Student Name: _____ **B-Number** _____

Email: _____ **Phone:** _____

Sponsoring Agency: _____ **Agency Supervisor:** _____

Agency Address: _____

Agency Email: _____ **Agency Phone:** _____

Cr. Hrs. Requested: _____

INTERNSHIP TITLE: _____

LEARNING OBJECTIVES (please explain what you hope to learn from this internship):

METHODS TO ACHIEVE OBJECTIVES (describe duties which will facilitate the learning noted above):

EVALUATION:

Grading is mandatory P/F, based upon an acceptable evaluation by the internship supervisor and submission of the annotated bibliography of journal articles, summary report, weekly journal, and an internship evaluation form (to be provided) as noted on the syllabus for MGMT/ACCT 495 attached to student copy of this form.

Student Signature: _____ **Date** _____

School of Mgmt Approval: _____ **Date** _____

Note: A maximum of eight hours of independent study/internship/practica may count towards degree requirements.

This Contract form and the Variable Credit Registration Form are to be completed and then submitted to SOM Advising for approval and registration. If you are using the online PDF form rather than the printed multipart form, please submit 3 copies. It is the student's responsibility to follow the add/drop dates as published by the University. Remember to return to SOM Advising to pick up your copy of the contract form and the syllabus for MGMT/ACCT 495 which details the academic requirements of the internship.