



STUDENT NAME _____
LOCAL PHONE _____
MAJOR _____

PEOPLESOFT ID _____
PITT EMAIL _____
PLANNED GRADUATION DATE _____
 August
 December
 April

Year _____

WHEN WILL YOU EARN THESE CREDITS?	HOW MANY CREDITS WILL YOU COMPLETE? 3hrs/wk = 1cr = 45 hours/semester You may complete 0.5, 1, 2, etc credits	ARE YOU BEING PAID FOR YOUR RESEARCH?
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer TERM _____ Year _____	Hours/Week = _____ Number of Credits = _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

SITE DETAILS:

COMPANY/ORGANIZATION NAME _____
SUPERVISOR'S NAME/TITLE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ SUPERVISOR'S EMAIL _____

PURPOSE: (What do you expect to learn from this project?)

DESCRIPTION: (What will you do at the internship site or what research will you conduct in your independent study?)
May attach description if desired.

INTERNSHIP SUPERVISOR RESPONSIBILITIES: (Describe how the student will be supervised and evaluated.)

FACULTY SPONSOR RESPONSIBILITIES: (Describe how the student will be supervised and evaluated.)

For instructions on how to submit the completed form: [Advising How-to-Enroll](#)

Supervisor Signature: _____ Faculty Signature: _____

Student Signature: _____