Academic Intern (AI) Assignment Form

TUid	Student Name	Degree/Program

Academic Year: _____

School/College: _____

Dept./Instructional Unit/Center/Institute: _____

Supervisor(s): _____

Dept. Chair or Center/Institute Director: _____

Academic Internship Title: _____

Semester	Hrs/Wk		Calculated Clock Hrs/Wk
☐ Fall ☐ Spring ☐ Summer I/Summer II		x 1.00 =	
Description of Duties:			
Type of Performance Monitoring:			

Semester	Hrs/Wk		Calculated Clock Hrs/Wk
☐ Fall ☐ Spring ☐ Summer I/Summer II		x 1.00 =	
Description of Duties:			
Type of Performance Monitoring:			

Semester	Hrs/Wk		Calculated Clock Hrs/Wk
☐ Fall ☐ Spring ☐ Summer I/Summer II		x 1.00 =	
Description of Duties:			
Type of Performance Monitoring:			

Semester	Hrs/Wk		Calculated Clock Hrs/Wk
☐ Fall ☐ Spring ☐ Summer I/Summer II		x 1.00 =	
Description of Duties:			
Type of Performance Monitoring:			

Student: If you agree to undertake this assignment, please sign below and return this form with your acceptance letter.

I, _____ (printed name), accept this assignment.

Signature: _____ Date: _____