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|------|--------------|----------------|
| 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 |
|--|---|--------|----------|-------------------------|
| | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I/Summer II | | x 1.00 = | |
| Description of Duties: | | | | |
| Type of Performance Monitoring: | | | | |

| | Semester | Hrs/Wk | | Calculated Clock Hrs/Wk |
|--|---|--------|----------|-------------------------|
| | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I/Summer II | | x 1.00 = | |
| Description of Duties: | | | | |
| Type of Performance Monitoring: | | | | |

| | Semester | Hrs/Wk | | Calculated Clock Hrs/Wk |
|--|---|--------|----------|-------------------------|
| | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I/Summer II | | x 1.00 = | |
| Description of Duties: | | | | |
| Type of Performance Monitoring: | | | | |

| | Semester | Hrs/Wk | | Calculated Clock Hrs/Wk |
|--|---|--------|----------|-------------------------|
| | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> 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: _____