



Finance Internship Program

Internship Learning Objectives

PLEASE PRINT OR TYPE

Name:		Student Number:	
Place of Employment:			
Address:		City/State/Zip:	
Phone:		Fax:	
Fall:		Spring:	
		Summer:	
Supervisor:	Department:		
Job Description:			
(Please list at least 3 learning objectives for this internship)			
Objective 1:			
Objective 2:			
Objective 3:			
Objective 4:			
Additional Comments:			
Student's Personal Learning Objectives			
Objective 1:			
Objective 2:			
Objective 3:			
Objective 4:			
Objective 5:			
This is to certify that the student named above has reviewed the learning objectives with the named supervisor.			
Supervisor Signature		Date	
Student Signature		Date	