

Walker School of Business & Technology Statement of Understanding



Date: _____ **Student ID Number:** _____

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Major/Emphasis:** _____

Degree Type: **Graduate** **Undergraduate**

Internship Organization: _____

Supervisor Name: _____

Supervisor Telephone: _____

Define the nature of your internship and describe your specific responsibilities.

State your learning objectives and how this internship will allow you to accomplish these objectives.

Signature of Intern: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

Signature of Advisor: _____ **Date:** _____

Confidentiality Statement:

I shall use my best efforts and diligence both during and after my internship to protect the confidential, trade secret, and/or proprietary character of all confidential information for so long as it shall remain proprietary, except as may be necessary for the performance of my internship duties.

Signature of Intern: _____ **Date:** _____