



UNIVERSITY OF HAWAII AT MĀNOA

SHDLER COLLEGE OF BUSINESS

SCHOOL OF TRAVEL INDUSTRY MANAGEMENT

INTERNSHIP LEARNING CONTRACT

INTERNSHIP PROGRAM

TIM 200

TIM 300

TIM 400

This form is to be completed by the student intern AND their immediate supervisor at the beginning of the internship.

STUDENT INFORMATION:

Name: _____ Phone: _____

Address: _____

Email: _____ Emphasis: _____

INTERNSHIP DESCRIPTION:

Position Title: _____

Company Name: _____

Supervisor's Name & Title: _____

Supervisor's Phone #: _____

Supervisor's Email: _____

DESCRIPTION OF INTERN'S DUTIES AND RESPONSIBILITIES:

(i.e. – on a day to day basis what is expected of the intern, what projects will be included in the intern's assignments, etc. – attach an additional page if necessary)

GOAL STATEMENT:

Describe three (3) primary goals and the action steps you will take to meet these goals during your internship.

#1	Goal #1:
	Action Steps:

#2	Goal #2:
	Action Steps:

#3	Goal #3:
	Action Steps:

APPROVAL SIGNATURES:

Student: _____ Date: _____

Employer: _____ Date: _____

Director of Internships: _____ Date: _____