

Employer Data Sheet

Internship Program

Master of Science in Professional Science

College of Basic and Applied Sciences

Middle Tennessee State University

Intern Name: _____ Semester/Year of Internship: _____

Company Name: _____ Employer Name: _____

Company Phone: _____ Employer Title: _____

Employer Email: _____

Company Address: _____

Internship Description (limited to 600 characters/spaces):

Compensation: Unpaid Paid Amount: _____

I agree to:

- Provide the student intern the opportunity to work a minimum of 250 hours
- Provide significant work that will enhance the intern's professional and educational development
- Provide a safe, nurturing, and challenging work environment
- Provide adequate supervision of student intern
- Submit a general description of the internship position and indicate if the assignment is a paid or unpaid internship
- Communicate with Internship Coordinator as requested
- Submit Employer's Performance Evaluation of Intern to Internship Coordinator by designated due dates (mid-term and final)

Employer Signature: _____ Date: _____

Return to: Dr. Robert B. Blair, MSPS Internship Coordinator
 MTSU Box 40
 Murfreesboro, TN 37132

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(615) 898-5284