Please complete the following steps to obtain department approval for your internship:

1. To this form, please attach a 500-word learning agreement that must contain the following:
   - Mutually agreed-upon description of the student’s activities in the internship
   - Duration and hours of the internship (cannot exceed 20 hours per week in fall and spring)
   - Language describing how the internship relates to the student’s academic program with a clearly defined list of learning objectives and goals
   - Acknowledgement of the on-site supervisor’s commitment to provide at least one written evaluation of the student’s effort to his/her program at the end of the semester

2. Review the following guidelines about credit correlation. Credit equivalency of 1-4 credits for work in the internship will be determined in consideration with CEH faculty
   - 5-10 hours of internship work/week plus 4-8 pg report valid for consideration of 1-2 credits
   - 10-20 hours of internship work/week plus 8-15 pg report valid for consideration of 3-4 credits

3. In addition to the information on this form, please review the official syllabus in order to ensure all departmental requirements are met.

4. Obtain an agreement signature from your work supervisor.

5. Submit this form for signed approval by your CEH Faculty Supervisor and the CEH Director

On the back of this form space is provided to obtain required signatures
Student Name- ________________________________  NYU ID- N ________________

Semester- ________________  Year- ____________  Credits Requested- ____________

**On-site Supervisor Agreement**-

*This signature is indicative of the on-site supervisor’s commitment to provide at least one written evaluation of the student’s effort to his/her program at the end of the semester*

________________________________________
On-site Supervisor Signature and email contact  Date

**CEH Faculty Supervisor Agreement**-

*This signature is indicative of the faculty supervisor’s commitment to submit a grade for the student at the end of the semester*

________________________________________
Faculty Supervisor Signature  Date

**CEH Director Approval**-

________________________________________
Signature  Date