	Student Name	myWSU ID Phone:			
	Email:				
	Sem	Zip:			
Supervisor:					
e:					
ail:					
ne:		Fax:			
		Student has met the following criteria:			
		Acceptance into the Organizational Leadership an	d Applied learning maj		
	Minimum 2.00 GPA				
	Submission of acceptable learning objectives and job responsibilities				
	Submission of appro	opriate Affiliation Agreement (if needed)			
	APPROVAL OF ASSIGN	IMENT:			
	Student Signature	Date			

measuring student ac	understand what the studer complishment. The job de	nt will hope to accom scription should be n	ing of the internship. This allows all aplish and will be a yardstick for nade up of work-related duties that r for the length of the applied learning
Please list ap	plied learning responsibilities	(e.g. – budget prepar	ration):
(1)			
(6)			
(7)			
Student Initials:		or Initials:	Faculty Supervisor Initials:
Describe			

Describe