

Student Information	Funding Information
TUId	Cost Center/Account <input type="checkbox"/> External Funding <input type="checkbox"/> Internal Funding
Name	Cost Center/Account <input type="checkbox"/> External Funding <input type="checkbox"/> Internal Funding
Degree/Program	

Academic Year: _____

School/College: _____

Dept./Instructional Unit/Center/Institute: _____

Supervisor(s): _____

Academic Internship Title: _____

Semester	Hrs/Wk	Calculated Clock Hrs/Wk
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I/Summer II		x 1.00 =
Description of Duties:		
Type of Performance Monitoring:		

Semester	Hrs/Wk	Calculated Clock Hrs/Wk
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I/Summer II		x 1.00 =
Description of Duties:		
Type of Performance Monitoring:		

Semester	Hrs/Wk	Calculated Clock Hrs/Wk
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I/Summer II		x 1.00 =
Description of Duties:		
Type of Performance Monitoring:		

Semester	Hrs/Wk	Calculated Clock Hrs/Wk
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I/Summer II		x 1.00 =
Description of Duties:		
Type of Performance Monitoring:		

Dept. Chair or Center/Institute Director	Signature of Chair/Director		Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Designated University Officer or Designee	Signature of University Officer/Designee	Date