

Objectives for Intern/Co-op Experience

PLEASE PRINT CLEARLY		
Instructor:		
Phone:	E-mail:	
Co-op/Internship Site:		
Supervisor:	Phone:	
TO BE FILLED OUT BY THE SUPERVI	SOR AND THE STUDENT JOINTLY:	
	o state a minimum of four jobs, tasks, skills that the student be things that the student "achieves" or "learns" to do through to they currently know how to do.	
1		
2		
3		
4		
	Date:	
Work Experience Supervisor:	Date:	