

UNIVERSITY OF WEST FLORIDA EXPERIENTIAL LEARNING

APPLICATION FOR GIS INTERNSHIP

Contact Information

Amber Bloechle
gisonline@uwf.edu
(850) 857-6022
uwf.edu/gisonline

Date:

STUDENT INFORMATION			
Last Name	First	M.I.	Gender
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Job Title			
Start Date	End Date	Hourly Pay \$	Unpaid
Your internship must be completed by the last day of classes for the semester. A total of 130 hours must be completed for internship credit.		Work Days	
		Work Hours	

SITE INFORMATION			
Site Name			
Nonprofit	For-Profit	Government	Industry Type
Supervisor's Last Name		First	
Supervisor's Title			
Street Address			
City	State	ZIP	
Phone	Email		
Website			
UWF Alum	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GISP Certified YES <input type="checkbox"/> NO <input type="checkbox"/>

WORK PLAN	
JOB DESCRIPTION <i>(List Major Responsibilities)</i>	Approximate % of Time
Knowledge, Skills and Abilities	
Physical Requirements	
LEARNING GOALS (List at least 3 to 5 <u>specific</u> learning goals) <i>(What you want to learn by the end of the internship?)</i> Examples: "I will demonstrate the ability to..." , "I will apply theory/concepts/learning from ____ course to..." , "I will learn/develop..." , "I will intentionally explore..." 1. 2. 3. 4. 5.	
List at least 3 ways you expect these assignments to assist in preparation for your professional career. 1.	

2.

3.

With whom, besides your supervisor, may you discuss progress and seek advice? (List names and job titles)

List any other resources you'll use to help you learn.

AGREEMENT OF RESPONSIBILITIES

INTERN: I agree to follow the rules and regulations of the organization for which I will work. This means I will report to work according to my approved schedule, maintain satisfactory attendance and punctuality; dress appropriately on the job; and exhibit behaviors and attitudes in the workplace expected of a professional employee. Although I am in an experiential learning position, I am acquiring and reinforcing important traits such as being a dependable and responsible employee.

Signature

Date

SITE SUPERVISOR: I have discussed this internship with the student and assigned work components that appear in the job description. I agree to provide assistance, necessary training, and consultation to help the intern complete the Work Plan. I further agree to provide the intern with an orientation concerning relevant organizational policies, procedures and functions, meet with the intern regularly, and to be available to mentor and advise for the duration of the internship. I agree to conduct a mid and final evaluation of the intern, and participate in a site visit (may be remotely) when requested by the UWF Faculty Supervisor.

Signature

Date

INTERNSHIP INSTRUCTOR: I will serve as a resource for the student and site supervisor, addressing questions or concerns regarding the preparation and completion of the internship experience.

Signature

Date