



3300 College Drive, San Bruno, CA 94066 TELEPHONE (650) 738-4261 WEBSITE www.SkylineCollege.edu

Internship Proposal

This form is to be completed by the student with his or her sponsoring employer. Please note that all internships are graded as pass/fail.

Instructions for completing this form:

1. Please review the Internship Guidelines.
2. You must read the Internship Proposal Form Instructions.
3. Submit the completed form to the Internship Coordinator at skylineparalegal@my.smccd.edu.
4. Keep a copy for your record.

Student Information

First Name _____ Last Name _____

Student ID _____ Phone _____

Student E-Mail _____

Internship Instructor Information

First Name _____ Last Name _____

Instructor E-Mail _____

Sponsoring Employer Information

Name of Organization _____

Organization Website _____

Supervisor Name _____ Supervisor Title _____

Supervisor Phone _____ Supervisor E-Mail _____



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Internship Information

List all sites the student will conduct his/her internship work at:

Address: _____ City _____ Zip _____

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What is the minimum number of hours the student will work per week? (*Minimum requirement is 20 hours per week.*) _____ hours per week.

Describe the responsibilities of the internship position.

Describe any special projects, events, or activities of the internship position.



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Internship Learning Objectives

Student First Name _____	Student Last Name _____
Student ID _____	Phone _____
Student E-Mail _____	

Supervisor Name _____	Supervisor Title _____
Supervisor Phone _____	Supervisor E-Mail _____

Instructions: Identify five learning objectives that you plan to accomplish during your internship term. The objectives should indicate skills and knowledge you will gain as a result of your internship experience. Objectives should be specific, measurable, realistic and achievable. Together you and your supervisor should create an action plan to achieve each objective.

Student Learning Objectives:

1. _____ _____
Action Plan:

2. _____ _____
Action Plan:

3. _____ _____
Action Plan:



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4. _____

Action Plan:

5. _____

Action Plan:

Supervisor's comments regarding the learning objectives and action plans:

How will the student be evaluated? Specify criteria upon which the student's performance will be judged.

Student's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Received and Reviewed by:

Internship Instructor's Signature Date