



New College of Interdisciplinary Arts & Sciences
 Ethnic Studies Program, Phone #: 602-543-6007
 Email: ethnic.studies@asu.edu

Name: _____

Internship Site: _____

Semester/Year: _____

Internship Requirements & Documents Checklist

Complete		Date Submitted	Approved
_____	Application	_____	_____
_____	Proposal	_____	_____
_____	Agreement	_____	_____
_____	Mtg w/ Faculty Director	_____	_____
_____	Orientation	_____	_____
_____	Initial or Mid Evaluation	_____	_____
_____	Reflective Session # 1	_____	_____
_____	Formal Paper # 1	_____	_____
_____	Reflective Session # 2	_____	_____
_____	Final Reflective Session	_____	_____
_____	Final Semester Evaluation	_____	_____
_____	Student Evaluation	_____	_____
_____	Time Logs (Weekly)	_____	_____
_____	Daily Journal	_____	_____
_____	Reflective Journal	_____	_____
_____	Resume with internship	_____	_____
_____	Formal Paper # 2	_____	_____
_____	Portfolio	_____	_____

Approval Initials indicate that requirement was accepted as final document and meeting the requirements by Faculty Director.

 Student Intern Signature

 Date

 Internship Coordinator Signature

 Date