Internship Performance Form ECL Internship Program, Department of English and Comparative Literature

Course number: _____

Section to be complete	ed by Student				
Last name:		First name:	PID:		
Email address:	mail address: Phone:				
		□ JUNIOR			
Semester of interns	ship (indicate on	e):□FALL □ SPRING	□ SUMMER I □ SUMMER I	II 🗖 OTHER (please	
explain):				Year:	
			Credit hours sough		
Section to be complete			0		
			or organization:		
			gram Partner? (indicate one		
	-				
			ment (if applicable):		
			more of satisfactory work und		
Liaison signature:				Date:	
		n the line above constitu			
Section to be complete	ed by Faculty Advi	ser			
Name:					
I verify that this studer	nt, named above,	met with me at least t	hree times over the course of	his or her internship. I	
also verify that this stu	dent developed a	satisfactory portfolio ar	nd completed a written project	of at least 4000 words	
in consultation with me	e. I have evaluated	d this work and affirm th	nat it meets the standards for o	course credit. In signing	
this agreement, I affirm	1 that this student	has completed all the re	equirements of the ECL Internsh	nip Program and should	
receive credit for his or	r her internship w	ork.			
Adviser signature:			Date:		
□ I understand that t	yping my name oi	n the line above constitu	ıtes a legal signature.		
		ship Program Coordinator (on the ECL Internship Progr	at the conclusion of the internship. ram website.	Please find the Internship	
Section to be complete	ed by Internship P	rogram Coordinator			
Credit received (ind	icate one):	T YES	□NO		
If no, please explain:					
Coordinator signati	Coordinator signature:			Date:	
□ I understand that t	yping my name o	n the line above constitu	ıtes a legal signature.		

The Department of English and Comparative Literature must retain a copy of this Internship Performance Form for a minimum of two years.