



Office of Student Success Preliminary Internship Report

This report is to be completed and submitted before the start of the internship.

Agency Information

Agency: _____

Field Supervisor: _____

Address: _____

Phone: _____ Email: _____

Student Information

Name: _____

Address: _____

Phone: _____ Email: _____

Supervisor Expectations (To be reviewed and initialed by supervisor):

- Confirm number of internship hours for the semester.
- Complete Intermediate and final time log.
- Submit Intermediate and Final performance evaluation.

Student Expectations (To be reviewed and initialed by student)

- Internship Application & Preliminary Internship Report
- Journals 1 and 2
- Performance Intermediate and Final evaluations
- Time Logs
- Updated resume inclusive of internship experience

Internship Duties:

Work Hours:

Student Signature/Date:

Supervisor Signature/Date:

Thank you so much for giving this student intern an opportunity to gain experience with your organization. If you have any questions, please contact the Office of Student Success:

Director – Ms. Shajuana Isom-Payne and Assistant Internship Coordinator - Ms. Claire Meyer (804-827-2791)
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