

SAE Training Plan Placement (Internship)

Student Name: _____
Last First Middle

Date of Birth: _____ Phone Number: () _____ - _____
M D Y

Student Address: _____
Street City Zip

Name of Placement (Employer): _____

Name of Supervisor: _____

Employer Address: _____
Street City Zip

Employer Telephone: _____

Starting Date of Employment: ___/___/___ Ending Date of Employment: ___/___/___

Initial Meetings with Employer, Advisor, and Student

Interview Date:

Wages:

Expectations of Employer: (Date_____)

Expectations of Student: (Date_____)

Expectations of Advisor: (Date_____)

1. Be timely
2. Be courteous
3. Ask questions

Student's Goals for Internship: (Date_____)

- 1.
- 2.
- 3.

Student's Objectives: (Date _____) Objectives are specific skills you would like to learn or master at your placement.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Training Plan Agreement Documentation

_____ Date _____
Student Signature

_____ Date _____
Advisor Signature

_____ Date _____
Employer Signature