

OPERATION INTERN STUDENT APPLICATION/ENROLLMENT

NORTH DAKOTA DEPARTMENT OF COMMERCE

WORKFORCE DEVELOPMENT DIVISION

SFN 58836 (3/2021)

This form is to be completed by the student and supervisor and emailed to: opintern@nd.gov within two weeks of the intern starting.

The Internship/Work Experience Learning Agreement serves several purposes:

1. Acts as a contract for your internship/work experience position.
2. Provides a mutual understanding of expectations of all parties on the scope of the internship/work experience opportunity.
3. Provides a reference against which progress can be measured.
4. Provides the basis for evaluation and validation of the learning experiences.
5. Serves as a reminder to student and work supervisor of the purpose and activities of the internship.

Intern Name (first-middle-last)	Company	
Internship Location	NDUS Student Identification Number	
Student Email	Student Date of Birth	Program of Study
School	Year in School	
Supervisor	Start Date-approximate	End Date-approximate
Title of Internship/Work Experience Opportunity		
Internship Job Description		
Learning Objectives		
Learning Outcomes and Evaluation (What will the student learn and demonstrate through examples of their work?)		
Additional Information		

Intern Name (first-middle-last)	Date
Internship Location	Date
Student Email	Date

If the student is attending an out of state school, please email Kerri Kraft, PRIOR to submitting this form to confirm eligibility for the program.