

Unpaid Internship Assignment Sheet Andrews ID # START date of internship _____ END date of internship _____ **Class Information:** Class Title _____ Academic Department Class required total internship hours (Teacher signature) **Job/Internship Information:** Internship department name ______ Dept orgn # _____ Job clock number _____ _____ Date ____ (Job/Internship supervisor signature) **Student Attestation:** _____, understand that this is an unpaid internship. There is no reimbursement for this position as it is coursework required to complete the above listed class. Signed____ (Student signature) Default Clearing Account: 11-9000-9250-97 Human Resources Use Only Jobs Class ZX Position # **Internship Confirmation** (from academic advisor) _____ Timesheet Org # _____ Wk Comp Employee Class Entered in Banner _____ HR Approval Date _____

Updated: 11/14/2019