

# 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](mailto: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.**