INTERN INFO

AGENCY D

Department of Health Sciences and Social Work

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Western Illinois University

failure to attend the internship oral presentations and submit biweekly progress reports, necessary forms, and the nal internship summary paper will result in a nal grade of U. I also agree to pay all fees associated with this course.

Approve Deny

Approve Deny

Approve Deny

By the completion of the internship, I will be able to:

1 — 6 — —

2 _____ 7 ____

3 ______ 8 _____

4 — 9 —

5 _____ 10 ____