

Co-op/Intern Assignment #1: Goals Statement

Due within two weeks of the start of your registered work assignment. Please provide the following:

Work Session Semester Summer _____ Fall _____ Jan. Interim _____ Spring _____

Name _____ Date _____

BU ID# _____ College AEP BUS CFA EGT EHS LAS GRD Major _____
(Circle one)

BU Email _____ Phone _____

Organization

Name _____ Location _____
City, State

Supervisor: Name & Title _____

Phone _____ Supervisor Email _____

Hours per Week _____ Hourly Wage _____

Please meet with your employer supervisor to discuss three goals to be achieved during your work assignment. These should be methods, processes or procedures that you will learn and apply in your work, and/or specific projects that you will complete. Return the completed form within two weeks of the start of your work assignment to:

Smith Career Center, Bradley University, 1501 W. Bradley Ave, Peoria, IL 61625.

1. _____

2. _____

3. _____

Student Signature

Date

Supervisor Signature

Date