

UNIVERSITY OF NORTH TEXAS
Department of Library and Information Sciences

HEALTH INFORMATICS INTERNSHIP/FIELD EXPERIENCE APPLICATION

Date

Student Last Name First Name Middle Name/Initial

Student Phone Student Email Address

Internship/Field Experience 5090.702
Course Title Course Number

Internship Site Site Supervisor

Supervisor Phone Supervisor Email Address

Faculty Advisor

Date Internship/Field Experience Began Date Internship/Field Experience Ended (approx.)

Objectives of Internship:

(Note: The objectives must be written with the advice and collaboration of the site supervisor and the Health Informatics faculty advisor.)

Internship Requirements:

Check the box to the left of the requirement to indicate acceptance of the requirement. If any modifications to the standard requirements have been agreed upon by the student, the site supervisor and the faculty advisor, enter those modifications in the Notes field.

Minimum 180 hours

Notes:

Log of Activities

Notes:

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Project

Notes:

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Other (may be left unchecked)

Notes:

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Health Informatics Internship/Field Experience Form

Notes:

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Evaluation Form

Notes:

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Project Specifications:

Describe the project to be carried out at the internship/field work experience site:

Student Signature

Date

Site Supervisor Signature

Date

Faculty Advisor Signature

Date

Send via email to:

Dr. Ana Cleveland

Ana.Cleveland@unt.edu