



Black Hills State University | School of Business
STUDENT AGREEMENT

PERSONAL INFORMATION

Name: _____ Student ID: _____

Email: _____

Mailing Address: _____

Permanent Address: _____

Cell #: _____ Home #: _____

ACADEMIC INFORMATION

Academic Advisor: _____

Credit Hours Completed: _____ Credit Hours Approved: _____

1. Reflective Log Due Date: _____
2. Reflective Log Due Date: _____
3. Reflective Log Due Date: _____
4. Reflective Log Due Date: _____
5. Reflective Log Due Date: _____

Date of Final Report: _____

Your Signature below indicates agreement to all the requirements of the
Internship as outlined in the Internship Manual.

Student Signature: _____ Date: _____