LIS 690 Library Internship Program

Internship Proposal Form

Library: ______________________  Semester/Year: ______________________
Department/Collection: __________  Supervising Librarian: ________________
Address (if not UH Manoa): ________________
Phone: _______________  Fax: __________  Email: ______________________

Description of the library/collection:

Description of internship:

Required pre-requisite courses:

Desired qualifications:

Weekly schedule (proposed):

Learning/experiential goals or work outcomes expected:

Evaluation process/format:

Evaluation schedule: