

Computer Information Systems Internship Program

EARLY INTERVENTION/CONFLICT RESOLUTION FORM

Student Intern: _____ Date: _____

Coordinator: _____

Site Supervisor: _____

Description of Student, Coordinator or Supervisor Concern(s):

Ideas for a Solution or Improvement of the Situation:

Recommended Action:

Joint Meeting Termination of Internship Other

Action Taken: _____

Student Signature _____ Date _____

Coordinator Signature _____

Site Supervisor Signature _____