



INTERNSHIP AGREEMENT

Semester _____

Schedule# _____

Grade Mode: CR/NC Grade _____

Student Name _____ Social Security # _____ Major _____

Student Address _____ Phone _____

Dept/Course #/Units _____

Title of Internship _____

Name of Agency _____

Address of Agency _____

On Site Supervisor _____ Phone _____

Term of Internship _____ 20 _____ To _____ 20 _____

Weekly Schedule _____ Anticipated Total Number of Hours Worked _____

Part A: (To be completed with on-site supervisor)

1. Objectives of internship: _____

2. Duties, responsibilities, projects to be performed for the agency: _____

3. Training/orientation provided by the agency: _____

4. Process of evaluation by supervisor including approximate number of site visits: _____

On-site Supervisor _____ Date _____

Part B: (To be completed by student in consultation with faculty sponsor)

Faculty Sponsor _____ Phone _____

1. Other academic components of internship: (i.e., readings, class meetings, library research, final paper, survey work, etc.): _____

2. Process of evaluation by supervisor and faculty sponsor: _____

Part C: (Required signatures)

Student _____ Date _____

On-site Supervisor _____ Date _____

Instructor/Faculty Sponsor _____ Date _____

Department Chair _____ Date _____

School Dean _____ Date _____

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