



# INTERNSHIP AGREEMENT

Semester:  
**Course Name/#:** # of Units:  
 Grade Mode (Select one): CR/NC Grade

Student Name: Student ID#: Major/Minor:  
 Student Address:  
 Student Phone: Email:  
 Title of Internship:  
 Name of Agency:  
 Address of Agency/URL:  
 Term of Internship: 20 To 20  
 Weekly Schedule: Anticipated Total Number of Hours Worked:

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

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On-Site Supervisor:  
 Phone: Email:

1. Student 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:

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

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Faculty Sponsor:  
 Phone: Email:

1. Other academic components of internship: (i.e., readings, class meetings, library research, final paper, survey work, etc.):
  
  
  
  
2. Process of evaluation by faculty sponsor:

**Part C:** (Required Signatures)

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Student \_\_\_\_\_ Date: \_\_\_\_\_  
 On Site Supervisor \_\_\_\_\_ Date: \_\_\_\_\_  
 Instructor / Faculty Sponsor \_\_\_\_\_ Date: \_\_\_\_\_  
 Department Chair \_\_\_\_\_ Date: \_\_\_\_\_  
 School Dean \_\_\_\_\_ Date: \_\_\_\_\_

In conjunction with department staff, obtain all signatures and file completed form with the Scheduling Office, STEV 1024.