



INTERNSHIP AGREEMENT

Semester: _____

Class #: _____

Grade Mode: CR/NC Grade

Student Name _____ Student ID # _____ Major: _____

Student Address _____ Phone: _____

Department / Course # / Units _____

Title of Internship _____

Name of Agency _____

Address of Agency _____

On Site Supervisor _____

Term of Internship _____ 20 ____ To _____ 20 ____

Weekly Schedule _____ Anticipated Total of 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: _____

Print Name

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 _____