



## Internship Agreement

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ e- mail Address \_\_\_\_\_

This agreement must be completed and signed by all participants.

Name of Supervisor \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ e- mail Address \_\_\_\_\_

Internship Starting Date \_\_\_\_\_ Internship Completion Date \_\_\_\_\_

Hours of Credit \_\_\_\_\_

Number of hours per week on the job \_\_\_\_\_

Type responses to the following three items on separate pages:

Intern's Learning Objectives and Goals \_\_\_\_\_

Job Description \_\_\_\_\_

(Include specific activities and assignments to be completed by the intern to meet goals and objectives.)

Student's Internship Schedule \_\_\_\_\_

Procedure for Evaluation (This section is to be completed by internship coordinator):

As participants in this agreement, we have each accepted the responsibilities and terms as stated on this form

Student's Signature/date \_\_\_\_\_

Supervisor's Signature/date \_\_\_\_\_

Internship Coordinators Signature/date \_\_\_\_\_