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