Internship Agreement

Return Completed Form No Later Than the Add/Drop Date

Please Print Clearly

Student’s Name: ___________________________ ID Number: ___________________________
Local Phone Number: ______________________ E-Mail: ________________________________
Term: ______ Year: ________ Total Credits Earned (Including this term): __________
QPA: ______ Major: ______________________ Credits Earned in Major: __________

Description of Internship

Company/Organization Name: ______________________________________________________

Address:

____________________________________________________________________________

Phone Number: ______________________ Fax: ________________________________

E-Mail: ________________________________________________________________

Dates of Internship: _____ - _____ Hours/Week: _______ Supervisor’s Name & Title: __________________
Intern’s Responsibilities: _________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Role of the Supervisor (Including extent and frequency of supervision and evaluation):

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Faculty Sponsor

Name of Faculty Sponsor: ___________________________ Number of Credits for the Internship: _____ Term: __________

Please list the requirements for the academic component of this internship: ______________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Required Signatures

I have read the foregoing description of the internship and hereby affirm my agreement to its terms.

Student: ___________________________ Supervisor: _________________________________

Faculty Sponsor: __________________ Dean*: _______________________________________

*Dean’s signature required under special circumstances; see internship website.