Internship Agreement

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 and 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: ______
Role of the Faculty Sponsor / Intern’s Academic Responsibilities (may attach sheet):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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.