



CGS Internship Agreement

To be completed by student: Course Subject _____ Catalog Number _____ (4-digit), e.g., CGS 1900

** Must be registered for the internship course during the same term internship is being completed.*

Student's Name: _____ ID Number: _____

Local Phone Number: _____ E-Mail: _____ Term & Year: _____

Total Credits Earned (Incl. this term): _____ GPA: _____ Credits Earned in Major: _____

Major/Certificate: _____ Advisor: _____

Personal Learning Goals: _____

How does this position relate to your career aspirations?

Description of Internship

Company/Organization Name: _____

Address: _____

Phone Number: _____ Fax: _____ E-Mail: _____

Dates of Internship: _____ Hours/Week: _____ Supervisor's Name & Title: _____

Please note that your company and contact information will be included in a database for future CGS interns. To opt out, please check the box:

Intern's Responsibilities: _____

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

Faculty Sponsor/Course Internship Instructor

Name of Faculty Sponsor: _____ Number of Credits for the Internship: _____

Role of the Faculty Sponsor / Intern's Academic Responsibilities (may attach sheet):

Required Signatures (print name)

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.