



INTERNSHIP AGREEMENT

Semester:

Course Name/#:

of Units:

Grade Mode (Select one): CR/NC Grade
Major/Minor:

Student Name: _____ Student ID#: _____

Student Address: _____

Student Phone: _____ Email: _____

Title of Internship: _____

Name of Agency: _____

Address of Agency/URL: _____

Term of Internship: _____ 20 _____ To _____ 20 _____

Weekly Schedule: _____ Anticipated Total Number of Hours Worked: _____

Part A: (To be completed with on-site supervisor)

On-Site Supervisor: _____

Phone: _____ Email: _____

1. Student objectives of internship: _____

2. Duties, responsibilities, projects to be performed for the agency: _____

3. Training/orientation provided by the agency: _____

4. Process of evaluation by supervisor including approximate number of site visits: _____

Part B: (To be completed by students in consultation with faculty sponsor)

Faculty Sponsor: Hillary Homzie

Phone: Office Carson 51 _____ Email: Homzie@sonoma.edu

1. Other academic components of internship: (i.e., readings, class meetings, library research, final paper, survey work, etc.):

Student will keep track of hours in a log, write up a 5-6 page reflection paper on their internship experience, provide a letter from their employer stating they have completed their hours, must complete a final self-survey (emailed to you).

2. Process of evaluation by faculty sponsor: Will read the supervisor's letter, reflection paper, log of hours as well as the self-survey,

Part C: (Required Signatures)

Student _____ Date: _____

On Site Supervisor _____ Date: _____

Instructor / Faculty Sponsor _____ Date: _____

Department Chair _____ Date: _____

School Dean _____ Date: _____

In conjunction with department staff, obtain all signatures and file completed form with the Scheduling Office, STEV 1024

