



INTERNSHIP AGREEMENT

Semester:

Course Name/#:

of Units:

Grade Mode (Select one):

CR/NC

Grade

Student Name:

Student ID#:

Major/Minor:

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:

Phone:

Email:

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

2. Process of evaluation by faculty sponsor:

Part C: (Required Signatures)

Student _____

On Site Supervisor _____

Instructor / Faculty Sponsor _____

Department Chair _____

School Dean _____

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