



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 _____ 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.