



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.