



# INTERNSHIP AGREEMENT

Semester: \_\_\_\_\_  
Course Name/#: \_\_\_\_\_ # of Units: \_\_\_\_\_  
Grade Mode (Circle 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.