

Internship Learning Agreement

THIS AGREEMENT MUST BE COMPLETED AND APPROVED BY ALL SIGNATORIES BEFORE REGISTRATION CAN BE COMPLETED.

This internship agreement is valid only for _____, year _____ Credits to be earned: _____

STUDENT

Name: _____ ID#: _____

Address: _____
street city state zip code

Phone: _____ Email: _____

Major: _____ Class standing: _____

INTERNSHIP/CO-OP SITE

Employing Agency: _____

Employer Address: _____
street city state zip code

Employer supervisor: _____ Title: _____

Phone: _____ Email: _____

Starting date: _____ Completion date: _____

Internship Title: _____

Internship location/dept.: _____ Hours per week on job: _____

Student's wage: _____ Other reimbursement: _____

Describe work tasks and responsibilities: _____

FACULTY/ADMINISTRATION

Faculty coordinator: _____ Phone: _____

Course number: _____ Credits to be earned: _____

Indicate the following academic requirements that must be completed:

1. Completion of workbook 2. Term Paper 3. Project report 4. Maintain journal DUE BY: _____

Faculty supervisor expects to contact student during employment on the following dates:

SIGNATURES

As parties to the Agreement, we have accepted the responsibilities as stated on this form

Student: _____ Date: _____

Employer: _____ Date: _____

Faculty Coordinator: _____ Date: _____

Internship Director: _____ Date: _____