



Internship Agreement

ADMJ 1900 LEGLST 1900

Return Completed Form No
Later Than the Add/Drop Date

Please Print Clearly

Student's Name: _____ ID Number: _____

Local Phone Number: _____ E-Mail: _____

Term: _____ Year: _____ Total Credits Earned (Including this term): _____

QPA: _____ Major: _____ Credits Earned in Major: _____

Description of Internship

Company/Organization Name: _____

Address: _____

Phone Number: _____ Fax: _____

E-Mail: _____

Dates of Internship: _____ - _____ Hours/Week: _____ Supervisor's Name & Title: _____

Intern's Responsibilities: _____

Role of the Supervisor (Including extent and frequency of supervision and evaluation): _____

Faculty Sponsor

Name of Faculty Sponsor: _____ Number of Credits for the Internship: _____ Term: _____

Please list the requirements for the academic component of this internship: _____

Required Signatures

I have read the foregoing description of the internship and hereby affirm my agreement to its terms.

Student: _____ Supervisor: _____

Faculty Sponsor: _____ Dean*: _____

*Dean's signature required under special circumstances; see internship website.