Internship Agreement

Student: ____________________________  Student ID #: __________________

Proposed Internship: ________________________________________________

Employer: _________________________________________________________

Employer’s Address: ________________________________________________

Employer’s Telephone: ______________________________________________

Internship Starting Date: _________________  Ending Date: ________________

Will this be a paid or unpaid internship? ______________  Pay Rate: ________

Describe the duties and requirements of the proposed internship:

Other terms or information for this agreement:

Name of person who will evaluate your performance on this internship:

________________________________________________

Final report due date: ________________  Hours of credit: _____________

________________________________________

____________________  ____________________  ______________________

Student/Date  Faculty Advisor/Date  Employer/Date