

INTERNSHIP CONTRACT

Student Name: _____

Campus Mailing Address: _____ Campus Phone: _____

Placement

Agency/Organization: _____

Address: _____

Internship Position (title): _____

Agency/Organization Supervisor: _____

Phone: _____

Begin Date: _____ End Date: _____

Thanksgiving Break from: _____ to _____

Spring Break from: _____ to _____

Mid-term evaluation due: _____ Final evaluation due: _____

Student's analytical report due: _____ First draft due: _____

Description of Internship (add sheets if necessary):

Signatures

Faculty Supervisor: _____ Date: _____

Agency Supervisor: _____ Date: _____

Student: _____ Date: _____