

## Internship Contract

<u>Applicant:</u>			
Last Name	First Name	Middle Initial	
Preferred Phone Number	E-Mail Address		
Internship Information:			
Institution/ Organization	Department		
Address	State	Zip Code	
Website			
Supervisor Information:			
Site Supervisor Name	Position		
Department	Phone Number		
E-Mail	Fax Number		

Anticipated Start Date	Anticipated E	Anticipated End Date		
Proposed Weekly Schedule	# of Hours/ V	Veek		
Student Objectives:				
Please share three objective	-			
1				
2				
3				
Internship Assignment Over	view:			
Please list proposed activities/ spec		ne completed during the	internship experience	
1				
2				
3				
Approvals:				
Student Signature	Date			
Faculty Supervisor Signature	Date			
Site Supervisor Signature	 Date			

Internship Schedule: