

Internship Contract

PLEASE TYPE

Student Name: _____

Address: _____

Phone: _____ Cell: _____ E-Mail: _____

Internship Organization: _____

Address: _____

Supervisor's Name: _____

Supervisor's Title: _____

Days/Times per week on the job: _____

Duties:

I understand that I will be expected to abide by the rules and regulations of the organization where I am interning. If I fail to act in a "professional" manner at any time during the internship, I understand that I may be terminated immediately and receive no credit for the experience. I will attend the scheduled class.

Student's Signature _____

Date: _____

Supervisor's Signature _____

Date: _____

Faculty Adviser's Signature _____

Date: _____