



### Internship Agreement Form

To be completed by the student in consultation and approval by the employer, and submitted to Program Chair.

Student Information		
Student Name:	Student ID (R#): R	
Student Phone:	Date:	
Student Email:		
Major/Program:		
Internship Term: Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/>	Calendar Year Internship Started:	
Position is with Current Employer: <input type="checkbox"/>	Position is New Employment: <input type="checkbox"/>	
If position is with current employer, I will be assigned alternate duties for my internship hours: <input type="checkbox"/>		
Employer Information		
Employer Name:	Employer Phone:	
Employer Address:		
City:	State:	Zip:
Supervisor Name:	Supervisor Phone:	
Supervisor Email:		
Learning Plan		
Position Title:		
Planned Start Date:	Planned End Date:	
Agreed Upon Days/Hours:	Total Hrs./Week:	Hourly Wage:
Planned Learning Objectives and/or Position Responsibilities, Duties, and Projects:		
1.		
2.		
3.		
4.		
5.		
<i>This agreement is entered into with the expectation on the employer's part and the understanding on my part that I will complete the above employment during the specified period of time.</i>		
Student Signature:	Date:	
Employer Signature:	Date:	