



Internship Agreement Form

Student Intern

Name _____ Phone _____

Address _____

BSU Internship Coordinator

Name _____ Phone _____

Address _____

Organization or Company Information

Name of Company _____ Academic Credits Expected _____

Begin Date _____ End Date _____ Compensation _____ Hours per week _____

Name of Internship Supervisor _____ Phone _____

Address _____

During this internship, insurance coverage for the injury and/or death is provided by this agency. Yes _____ No _____

Internship Job Description and Learning Objectives

(Attach additional paper if more room is needed)

Evaluation Procedure

Agreement Signatures

Student _____ Date _____

Organization Internship Supervisor _____ Date _____

Dept. Internship Coordinator _____ Date _____

Received by Career Services _____ Date _____

