



# Internship Agreement Form

## Student Intern

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## BSU Internship Coordinator

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## Organization or Company Information

Name of Company \_\_\_\_\_ Academic Credits Expected \_\_\_\_\_

\* You MUST register for internship Credits

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ Compensation \_\_\_\_\_ Hours per week \_\_\_\_\_

Name of Internship Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## 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 \_\_\_\_\_

