

Internship Agreement

(To be completed by Internship Supervisor at Internship Site)

Organization: _____

Organization Supervisor: _____

Supervisor Title: _____

Address: _____
Street City Zip

Supervisor Phone Number: _____

Supervisor E-mail Address _____

Student's Name: _____

Nature of Student's Internship Duties (be specific):

Type of work that will be produced by student:

Nature of supervision (be specific):

Time: _____ Dates: from: _____ to: _____
Hours Days/week

This is a: Paid _____ Unpaid _____ internship.
If paid, state the amount and nature of payment: _____

(Organization Name) _____ agrees to
accept (Student's Name) _____ as
an intern with the duties and supervision indicated. During this internship, insurance
coverage for injury and/or death is provided _____ not provided _____ by this agency.

Internship Supervisor Signature

Date