

INTERNSHIP AGREEMENT

Student's Name: _____

Semester: _____

The student named above has been accepted for an internship placement with our agency, _____ . The student will be working a minimum of eight hours a week beginning _____, continuing through the semester. The student's schedule is as follows: _____ . The student will be supervised and will have regularly scheduled supervision meetings.

Brief description of student's expected responsibility: _____

Supervisor's Signature

Date

Supervisor's name and contact information:

Name: _____
e-mail : _____
Phone: _____
Address: _____

