



The Career Development Center

**INTERNSHIP AGREEMENT**

(Please return within three weeks)

Student \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Major \_\_\_\_\_ Classification \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

Learning Objectives: (specific learning experiences that will enhance skills of intern within his/her major field of study)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Job Description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned here read and agree to the conditions of the above objectives and job duties.

\_\_\_\_\_  
Student Signature                      Date

\_\_\_\_\_  
Supervisor Signature                      Date

\_\_\_\_\_  
Program Coordinator                      Date  
Cooperative Education/Internships

\_\_\_\_\_  
Academic Advisor Signature                      Date