

Internship Proposal and Agreement Form

Name of Student: \_\_\_\_\_ Name of Faculty Advisor: \_\_\_\_\_

To be filled out by on-site supervisor:

1. Name and address of the organization:
  
  
  
  
  
  
  
  
  
  
2. The location where the student will be working, if different.
  
  
  
  
  
  
  
  
  
  
3. Contact information for the on-site supervisor.  
Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_
  
  
  
  
  
  
  
  
  
  
4. Hours and duration of the internship. [Please note: it is expected that students will spend a total of 168 hours working at their internship. For fall and spring, this is an average of 12 hours/week for 14 weeks. For the summer, this would be an average of 28 hours/week for 6 weeks or 14 hours/week for 12 weeks.]
  
  
  
  
  
  
  
  
  
  
5. Please provide a brief description of the job duties and/or projects. These should directly relate to the student's major.

Signatures:

on-site Supervisor: \_\_\_\_\_

Date \_\_\_\_\_

Student : \_\_\_\_\_

Date; \_\_\_\_\_

Faculty internship advisor: \_\_\_\_\_

Date: \_\_\_\_\_