

Internship Agreement Form

It is the student's responsibility to provide the Internship Supervisor with this form, preserve the form, and to submit it to the Internship Faculty Coordinator one semester prior to the application to WLL 396. Please see the syllabus for details.

Please print clearly

What is the name and address of the internship organization?

Name: _____

Address: _____

State the Site Supervisor's name and contact information:

Name: _____

Telephone: _____

Email: _____

How many hours will the intern work during the internship? _____

Will the student regularly speak and interact with her/his language of study?

Please select: YES NO

Describe the intern's duties and responsibilities (use additional space if needed):

Describe the entrepreneurial project or work that the intern will complete (use additional space if needed):

We thank you for your interest in our students!

Supervisor Signature: _____

Date: _____

Student Signature: _____

Date: _____

Faculty Internship Coordinator: _____

Date: _____

Chair of the Department: _____

Date: _____

By signing, you indicate that you have read and understand this form's contents.