

Appendix C: Student Agreement

To be completed by Student Intern

Return to appropriate Internship Coordinator

- ☐ Christine McCart- OE, Young Center Annex/Academic Office 201, Unit 9401
- ☐ Craig Triplett- EXS, Young Center Annex/Academic Office 207, Unit 9405
- ☐ Emilia Flint- HMS, PSYC, SOC, Skywalk 215

Personal Data		
Student Name:		Career Goal/Interest:
Local Address:		Permanent Address:
Local Phone:		Permanent Phone:
Email:		Other Contact Information:
Academic Information		
Status: Sr. Jr. So. Fr.		Faculty Advisor
Major(s):		Minor(s):
Internship Information		
Name and Title of Site Supervisor:		Description of Proposed Internship:
Address of Site Supervisor:		
Telephone of Site Supervisor:		
Email of Site Supervisor:		Number of Credit Hours Being Requested:
Starting Date of Internship:	Ending Date of Internship:	Date Final Report Due:
Your signature below indicates agreement to all the requirements of the Internship as outlined in the Internship Manual.		
Student Signature:		Date:
<i>For Office Use Only:</i>		
Approved:	Approved Credit Hours:	Date: