

# Academic Credit Internship Agreement

Student Name

Student ID

Academic Program / Major

Term & Year

Internship Site/Organization

Site Supervisor Name & Title

Organization Address

Contact Email

Contact Phone

Faculty Sponsor

Credit Hours

Internship Dates

Start Date – End Date

Weekly Hours

## Learning Objectives

Objective 1

Objective 2

Objective 3

## Internship Duties/Responsibilities

Duties/Responsibilities

## Evaluation Methods

- Midterm and/or final evaluation by Site Supervisor
- Submission of reflective journal or report
- Other:

## Agreement and Signatures

By signing below, the Student, Internship Site Supervisor, and Faculty Sponsor acknowledge and agree to the terms of this Academic Credit Internship Agreement.

---

Student Signature

Date

---

Site Supervisor Signature

Date

---

Faculty Sponsor Signature

Date