

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