

Internship Contract
(Please attach internship proposal)

Name: _____ Date: _____

Semester: Fall / Spring _____ Expected Date of Graduation: _____

Internship Office:

Proposed Dates of Internship: _____

Tentative Schedule (number of hours/days per week) _____

Job Description and Responsibilities:

Statement of Goals:

Signature of Student: _____

Signature of Supervisor: _____

Name (please print): _____ Title: _____

I have read the attached internship proposal and have APPROVED it.

Faculty Advisor Signature _____

Name _____ Date _____

Proposal APPROVED _____ Denied

Graduate Program Director Signature _____

Name _____ Date _____