

## 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? \_\_\_\_\_