

Date Received _____

EMPLOYER - STUDENT INTERNSHIP/WORK AGREEMENT

I,

(Name and title of employment supervisor)

(Address Phone and Email)

accept _____
_____ ID# _____ - _____ - _____
(Student's name)

As a student intern for (circle the term and fill in the year) fall spring summer 1 summer 2
20 _____

To work _____ hours per week for _____ weeks.

(Supervisor's signature) and Date

(Student's signature) and Date

Student agrees to:

- Sign and honor any Employer – Student Internship/Work Agreement and employer’s work requirements.
- Submit any progress reports as required by employer and/or University

Employer agrees to:

- Sign and honor any Employer - Student Internship/Work Agreement
- Submit any progress reports required of the student's University
- Provide student with work pertaining to major in order to further the student's educational goals.

Job Description: (add job description here)

Student Advisor Contact Information:

Name
University/College
Address
Phone, Fax, Email

Internship/Work Supervisor Contact Information

Name
University/College
Address
Phone, Fax, Email

Intern/Student Contact Information

Name
University/College
Address
Phone, Fax, Email