



INTERNSHIP CONTRACT

ALL REQUIRED SIGNATURES MUST BE OBTAINED PRIOR TO REGISTRATION

Student's name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Student's e-mail: \_\_\_\_\_

Course Number: [ ][ ][ ][ ] [ ] [ ][ ][ ] [ ] [ ][ ][ ] [ ][ ] [ ][ ][ ][ ][ ]
Department Prefix Course Number Suffix Section Credits Schedule Code

Term: [ ] Fall [ ] Spring [ ] Summer I [ ] Summer II [ ] Year

Instructor: \_\_\_\_\_

To be completed by the instructor who will supervise the study

Location:
On site supervisor: (Name/Contact Info)
Description of Internship: (Conditions, duties, hours, etc.)
Objectives: (What new skills and/or information will the student acquire?)
Please submit on a separate sheet of paper the textbooks, readings and other sources that will be used, and attach it to this form.
Instructor's Signature: \_\_\_\_\_

Student's Signature

Date

MPA Director

Date