

**INTERNSHIP CONTRACT**

**Southeast Missouri State University**

Department of Accounting

Internship in Accounting

Date: \_\_\_\_\_

1. Student's Name \_\_\_\_\_

Banner ID \_\_\_\_\_

2. Major \_\_\_\_\_ Minor(s) \_\_\_\_\_

Total Semester Hours Completed \_\_\_\_\_ Overall GPA \_\_\_\_\_

Total Semester Hours Completed in Accounting \_\_\_\_\_ GPA in Accounting Courses \_\_\_\_\_

3. Address \_\_\_\_\_

Number

Street

City

State

Zip

4. Telephone Number (\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

**5. INTERNSHIP INFORMATION**

Company or Firm Name \_\_\_\_\_

Company/Firm Address \_\_\_\_\_

Number

Street

City

State

Zip

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Supervisor's Telephone Number (\_\_\_\_) \_\_\_\_\_

Supervisor's Email address \_\_\_\_\_

Company Telephone Number for Student (\_\_\_\_) \_\_\_\_\_

6. Dates of Internship: From \_\_\_\_\_ To \_\_\_\_\_

7. Requested Course Credit for Internship: \_\_\_\_\_ Credit Hours

(For every 40 hours worked, the student will gain 1 credit hour)

8. Total Number of Student's Hours to be Spent at Internship Site \_\_\_\_\_ Hours

9. Estimated Hours on the Job \_\_\_\_\_ Hours/Week

10. Rate of Pay \$ \_\_\_\_\_

11. Job Description:

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Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Company Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Internship Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

12. Student Forwarding Address & Telephone Number

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14. Credit Awarded \_\_\_\_\_yes \_\_\_\_\_no

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Coordinator