



Internship Contract

Course Number _____

Semester _____

Student Information:

Name _____ ID # **S0** _____

Anticipated Graduation Date _____

Major _____

Total Semester Hours Completed *See Degree Audit for this information* _____ Total Semester Hours Completed in Major Courses *See Degree Audit for this information* _____

Current E-Mail Address _____

Current Mailing Address _____
Number / Street / Apt. # _____
City / State / Zip Code _____

Permanent Home Address _____
If different from above Number / Street / Apt. # _____
City / State / Zip Code _____

Telephone / Cell Phone #: Local () _____ Permanent Home () _____

Internship Company/Agency Information:

Company/Agency Name _____

Internship Supervisor _____
(onsite) Name Title

Internship Supervisor's E-Mail Address _____

Phone # () _____ Fax # () _____

Address _____
Number / Street / Apt. # _____
City / State / Zip Code _____

Company/Agency E-Mail Address and Phone Number for Student Intern *(if applicable)*:

E-Mail _____ Phone () _____

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Internship Title _____

Dates of Internship: From _____ To _____

Internship Course Credit for _____ Credit Hours Total Number of Student Hours
to be Spent at Internship Site _____

Estimated Hours Per Week on the Job _____ Hours/Week Student's Wage Rate (if applicable) \$ _____

List of Internship's Learning and Work Tasks-Provide approximate amount of time for each task:
(List may be attached)

Task Descriptions

Signatures:

Student: _____ Date _____

Company Representative: _____ Date _____

Department Chair or Designee: _____ Date _____

Internship Coordinator: **Dr. Judy Wiles, jwiles@semo.edu, 573-651-2924**

Return Form to: **Department of Marketing, Dempster 225**