

SOUTHERN ILLINOIS UNIVERSITY AT CARBONDALE
COLLEGE OF APPLIED SCIENCES AND ARTS
INTERNSHIP AGREEMENT

This course provides senior-level students an opportunity to apply knowledge and skills learned in the classroom to real-world experiences on the job, as well as learn new skills and observe day-to-day activities in the workplace. See the internship guidelines for further information. The student must supply all information requested and return one copy to the internship coordinator.

Course: EST 319 Credit Hours: _____ Term: _____

Student's Name: _____ I.D. Number: _____

Local Address: _____

Daytime Phone: _____ E-Mail address: _____

Cooperating Company/Organization: _____

Address: _____

Internship Supervisor's Name: _____ Title: _____

Phone: _____ E-Mail address: _____

Beginning Date of Internship: _____ To (approx. completion date): _____

Number of Hours Planned Per Week: _____ Total Hours for Semester: _____

General Nature of Internship: _____

The Student and Work Site Supervisor agree to comply with all stipulations of requirements.

(Student Signature) (Date)

(Work Site Supervisor Signature) (Date)

(Faculty Coordinator Signature) (Date)