

**Internship Agreement Between Student & Employer**

Intern Name: \_\_\_\_\_

Title of Internship Position: \_\_\_\_\_

Duration of Internship: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_

Pay Amount (If Applicable): \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Company Website: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Duties to be performed: \_\_\_\_\_

Experience to be gained by the participating intern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date