

UNIVERSITY COLLEGE

 Washington University in St. Louis

INTERNSHIP AGREEMENT

1. STUDENT INFORMATION

FIRST NAME	LAST NAME	STUDENT ID
EMAIL ADDRESS	SCHOOL/DIVISION: OTHER:	PHONE

2. ORGANIZATION/COMPANY INFORMATION

COMPANY NAME		DEPARTMENT
ADDRESS		
CITY	STATE	ZIP CODE
Supervisor Information	SUPERVISOR NAME	TITLE
	EMAIL ADDRESS	PHONE

3. FACULTY SUPERVISOR INFORMATION

NAME	DEPARTMENT
CAMPUS BOX	PHONE
EMAIL ADDRESS	

4. INTERNSHIP DETAILS

POSITION TITLE	START DATE: END DATE:
Semester: Fall Spring Summer 20____	HOURS PER WEEK: NUMBER OF CREDIT HOURS:

How did you find this opportunity?

What tasks will you be responsible for at this internship?

What are your educational and career objectives for this internship?

How will you demonstrate to your faculty supervisor that you accomplished the objectives noted above? All University College students are required to complete written work integrating academic/classroom learning with experiential/workplace responsibilities. Describe this written work specifically, including the number, type (journals, papers, portfolios) and length of writings. If applicable, please also describe any additional readings, interviews or research you plan to complete.

Please obtain signatures of all learning partners and be sure all parties have a copy of this agreement.

STUDENT

DATE

FACULTY SUPERVISOR

DATE

ORGANIZATION SUPERVISOR

DATE

ACADEMIC PROGRAM COORDINATOR

DATE

UNIVERSITY COLLEGE

DATE

Please return completed agreement to:

University College Registrar
Washington University in St. Louis, CB 1085
11 N. Jackson Rd., Ste. 1000
St. Louis, MO 63105-2153

Questions? Contact us at (314) 935-6700 or ucollege@wustl.edu.