

Internship Agreement

STUDENT INFORMATION		
First Name:	Last Name:	
Email address:	Phone: ()	
Student ID:	<input type="checkbox"/> School/Division: <input type="checkbox"/> Other _____	
ORGANIZATION/COMPANY INFORMATION		
Company Name:	Department:	
Address:		
City:	State:	ZIP code:
ORGANIZATION/COMPANY SUPERVISOR INFORMATION		
Name:	Title:	
Email address:	Phone: ()	
FACULTY SUPERVISOR INFORMATION		
Name:	Department:	
Campus Box:	Phone: ()	
Email address:		
INTERNSHIP DETAILS		
Position Title:	Start Date:	
	End Date:	
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____	Hours per week: _____	
	Number of credit hours: _____	

Additional information

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's signature _____ 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.