

UNIVERSITY COLLEGE



Washington University in St. Louis

INTERNSHIP AGREEMENT

1. STUDENT INFORMATION

FIRST NAME	LAST NAME	STUDENT ID
EMAIL ADDRESS	UNIVERSITY COLLEGE MAJOR/PROGRAM	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*:

* 135 hours of work over at least eight weeks is required for three hours of academic credit.

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.

Payroll Approval: _____ **Date:** _____