

Relevant Professional Experience: _____

How does this internship relate to your career aspirations? _____

Describe how you found this internship and your connection, if any, with the organization or its employees: _____

PART II: (information on the organization)

Name of Organization: _____

Address: _____

Name of On-Site Internship Supervisor: _____

Title: _____ Department: _____

Phone number: _____ e-mail address: _____

PART III: (information on the internship)

Student Job Title _____

Date internship is to begin: ___/___/___ End: ___/___/___

#hours per week: _____ Total Hours for internship: _____ (40 hours per credit)

Work Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____

Units of Academic Credit to be Earned (4-9) _____

Is this internship salaried? _____ At what pay rate? _____

Are any expenses of the intern to be paid by the company? _____

Explain: _____

Overall Nature of Work to be Performed by Student:

Describe in detail the assignments of the internship. Indicate % of time spent on each activity (to total 100%). This description will serve as the basis for final grading and assigning credit, so be as specific as possible. (attach additional sheet if necessary)

___%

___%

___%

___%

___%

All four signatures are required for approval.

Intern

Date

On-Site Internship Supervisor

Date

POSC Internship Director

Date

POSC Department Chair

Date

Internship is () approved () not approved

Special Note:

Since this agreement reflects a contract between the student, Salisbury University, POSC and an external organization, the student is advised not to “drop” or “withdraw” from an internship experience without in-person discussion with the POSC Internship Director in advance of such action.