

## Department of English Internship Agreement

Student's N	ame	Organization's Name	
Address		Supervisor's Name	
City		Address	
State	Zip Code	City	
Phone	Email	StateZip Code	
		PhoneEmail	
1. Port		s for the internship:	
2			
3.			
4			
Approval of	f Professor in Concentration	Date	

## EMPLOYER INTERN SUPERVISOR

Intern's duties, responsibilities, activities and employer supervision to ensure fulfillment of learning objectives and portfolio project: 1. Portfolio project plan\_\_\_\_\_ **Duty Schedule** Semester\_\_\_\_\_\_ Dates of Internship \_\_\_\_\_\_ to \_\_\_\_\_ Days \_\_\_\_\_\_ hours \_\_\_\_\_. Paid \_\_\_\_ or unpaid \_\_\_\_ internship. If paid, amount \$\_\_\_\_\_/\_\_\_\_. Employer agrees to accept the above named student as an intern for the time and with the duties and supervision as indicated above: Employer Intern Supervisor\_\_\_\_\_ INTERNSHIP DIRECTOR I have agreed to the placement of the above named student with this employer under the conditions described above. Date\_\_\_\_\_ Signed Internship Director \_\_\_\_\_ Mr. Daniel Price **INTERN** I agree to work as an intern at the above named employer at the duty schedule described above. I have been informed of and agree to the duties, responsibilities and nature of the work. I understand that a mid-term and final performance evaluation will be done by the employer's intern supervisor.

Date \_\_\_\_\_ Signed Intern\_\_\_\_
This internship may be terminated upon the mutual agreement of the Employer and the Internship Director