

**Internship Contract**  
(Please attach internship proposal)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Semester: Fall / Spring \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Internship Office:

Proposed Dates of Internship: \_\_\_\_\_

Tentative Schedule (number of hours/days per week) \_\_\_\_\_

Job Description and Responsibilities:

Statement of Goals:

Signature of Student: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

I have read the attached internship proposal and have APPROVED it.

Faculty Advisor Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Proposal APPROVED \_\_\_\_\_ Denied

Graduate Program Director Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_