

## Internship Contract

\_\_\_\_\_ CCJS 359 (first internship)

\_\_\_\_\_ CCJS 398 (second internship)

### Student Information

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

E-mail Address: \_\_\_\_\_

UID: \_\_\_\_\_

Semester and Year Interning: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Attempted Internship Credits: \_\_\_\_\_

### Internship Agency Information:

Agency Name: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Supervisors E-mail: \_\_\_\_\_

\_\_\_\_\_

Supervisors Phone Number: \_\_\_\_\_

\_\_\_\_\_

Is receiving credit an agency requirement? YES / NO

### Internship Information:

Internship Start Date: \_\_\_\_\_

Internship Hours Per Week: \_\_\_\_\_

Internship End Date: \_\_\_\_\_

Specific Duties and Responsibilities of Intern:

\*If more space is needed, please attach a description

### Signatures of Approval:

\_\_\_\_\_  
Direct Supervisor of Intern

\_\_\_\_\_  
Student Signature

### Advising Office Use Only:

CCJS Major \_\_\_\_\_ GPA \_\_\_\_\_ 56 cumulative credits \_\_\_\_\_

Date/Stamp: \_\_\_\_\_

CCJS Advisor Signature: \_\_\_\_\_