



Intern Agreement Form

Student's Last Name: _____ First Name: _____

Address: _____

Phone: _____ Email: _____

Semester of Internship: Fall (Aug.-Dec.) Spring (Jan.-May) Summer (June-Aug.)

Program: _____ Expected Graduation Date: _____ GPA: _____

Internship Job Title: _____

Brief Description of Internship (please attach a job description)

Student Acknowledgement:

I acknowledge that I have read and understand the requirements and agree to the standards of the SJR State College Internship Program.

Intern's Signature: _____ Date: _____

Internship Site Supervisor Acknowledgement:

I agree to provide an opportunity to gain knowledge and develop an understanding of a specific job function and industry. I agree to supervise activities and provide feedback for professional growth.

Internship Site Supervisor's Signature: _____ Date: _____