## **Professional Internship Program Site Agreement Form**

Supervisor's Signature:	Thursday Friday  that you agree to supervise the s ates that he or she agrees with the		Date:
	Thursday Friday	tudent in the posit	
	Thursday		
	Modpoodov		
End Date:			
Start Date:			
	Days	Start Time	End Time
Indicate the student's v	vork schedule.		
Meetings, conferences, to	raining, field work, etc.		
Position Description (D separately.):	Describe the specific job duties, ex	rpectations, and p	oject work. Can attach
Will this be a paid posit	tion?		
	Remote - this hov must be	<b>checked</b> l All dutie	s tasks meetings
	E-mail:		
City:		:	Zip:
	Last Nan		
		t copy of the comp	Dieted form to the
	student to earn academic Assistant Director of Intermal Street Address: City: Phone Number: Intern Position/Title: Internship Location: Will this be a paid position Description (Description) Separately.):  Indicate the student's verification of Indicate the Indicate	student to earn academic credit for the experience. Submit Assistant Director of Internships.    First Name: Last Nam Job Title: Department: Company Name: Company Mailing/Street Address: City: State Phone Number: State Phone Number: E-mail: Intern Position/Title:   Intern Position/Title:   Remote - this box must be etc. for this internship must be company with this be a paid position? Yes No   Position Description (Describe the specific job duties, experience).    Meetings, conferences, training, field work, etc.   Days   Start Date: Days   Monday   Days   Days   Days   Monday   Days   Days	First Name:



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