

# Professional Internship Program Site Agreement Form

## Instructions

The purpose of this agreement is to confirm the details of the internship and the intent of the Nazareth University student to earn academic credit for the experience. Submit copy of the completed form to the Assistant Director of Internships.

**Student Name:** \_\_\_\_\_

## Supervisor Business Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Company Web Site: \_\_\_\_\_  
Mailing/Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Internship Description

### Student Position:

Internship Location: ☐ Same as Supervisor ☐ Another location, please indicate  
address: Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Will this be a paid position? \_\_\_\_\_

**Position Description** (Describe the specific job duties, expectations, and project work. Can attach separately.)

## Additional Learning Opportunities

Meetings, conferences, training, field work, etc.

## Student's Work Schedule

*For a 3-credit internship, students must complete 120+ hours over at least 10 weeks (8 weeks in the summer)*

Indicate the student's work schedule.

	Days	Start Time	End Time
<b>Start Date:</b> _____	Monday	_____	_____
<b>End Date:</b> _____	Tuesday	_____	_____
	Wednesday	_____	_____
	Thursday	_____	_____
	Friday	_____	_____

## Signatures

Your signature indicates that you agree to supervise the student in the position described.

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student's signature indicates that he or she agrees with the details outlined in this document.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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