



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 student to earn academic credit for the experience. Submit copy of the completed form to the Director of Internships.

Student's Name: _____

Supervisor's 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

Indicate the student's work schedule.

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

	Days	Start Time	End Time
Start Date: _____	Monday	_____	_____
End Date: _____	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:** _____

Nazareth Contact Information

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