



# 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 Assistant 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

Intern Position/Title: \_\_\_\_\_

Internship Location:  Remote – **this box must be checked!** All duties, tasks, meetings, etc. for this internship must be completed remotely.

Will this be a paid position?  Yes  No

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
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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