

Northeastern State University Non Credit Internship Contract

All sections of this contract MUST be filled out completely in order to be approved. You may type within this form.

Student name _____ Student ID number: _____

Campus address _____

Cell phone _____ Major(s) _____

Current Standing: Sophomore _____ Junior _____ Senior _____ Graduation Year: _____

Employer _____ Phone number _____

Address _____

On-site supervisor _____ Supervisor's title: _____

Supervisor's e-mail address/contact: _____

Term of internship: Fall _____ Spring _____ Summer _____ Paid: Yes No If so, how much: _____

INTERNSHIP OBJECTIVES: It is important that tangible, specific and measurable objectives be established. A brief description of the established objectives by the student and on-site supervisor are as follows: (attach additional sheet if needed)

A. _____

B. _____

C. _____

Number of internship hours per week: _____ TOTAL internship hours for the whole semester: _____

Employer Intern Meetings for feedback, evaluation of progress and projection toward the remaining part of the term will be held bi-weekly on the following dates: _____

SUPERVISION AND CONTROL OF WORK: All parties agree that the employer sponsor will supervise the work of the student intern undertaken pursuant to this internship and that the employer sponsor will be responsible for the service or product provided to its clients or customers.

Signatures of Approval

Please print and obtain the signatures in the order in which they appear below.

Student – By signing I also understand that this is not required for my program and will be used solely for gaining work experience within my area of study.

Student Signature Date: _____

On-Site Supervisor Date: _____

Career Services Internship Specialist Date: _____