

## Internship Agreement Form

**Student:**

Name: \_\_\_\_\_

917#: \_\_\_\_\_

Email \_\_\_\_\_

**Internship Site:**

Name of Agency: \_\_\_\_\_

Agency Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you prefer to be contacted by phone or email? \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This will indicate your acceptance of the above student as an intern for \_\_\_\_\_.  
(Semester and Year)

Approval: \_\_\_\_\_  
(Agency Supervisor)

\_\_\_\_\_  
(UWG Internship Coordinator)

Date: \_\_\_\_\_

\_\_\_\_\_