

INTERNSHIP CONTRACT

B.S. Environmental Science

Semester: _____

Student Information

Name: _____

Address: _____

Phone: _____ Email: _____

Sponsor Information

Name of company, agency, or organization: _____

Internship Supervisor: _____

Address: _____

Phone Number: _____ Email: _____

Internship Information

Position Title: _____

Number of hours to be worked: _____

Number of ESC 491 hours desired: _____

Activities that student will complete during internship:

THE UNDERSIGNED AGREES TO THE CONDITIONS SET FORTH IN THIS CONTRACT FOR THE INTERNSHIP.

STUDENT: _____ DATE: _____

INTERN SUPERVISOR: _____ DATE: _____

FACULTY COORDINATOR: _____ DATE: _____