

The University of Tennessee at Chattanooga
Department of Biological and Environmental Sciences
Internship Agreement

Student Name _____ Student I.D # _____

Name of Sponsoring Organization _____

Address _____

Phone _____ Supervisor _____

Title and Brief description of proposed intern experience:

Beginning Date _____ Ending Date _____ Hours per week _____

Is this a paid internship? Yes No If paid, amount to be paid _____

Intern's address (residence) _____

Intern's address (mailing) _____

Phone _____ Alternate phone number _____

APPROVALS

The signatures below indicate that these individuals have read the agreement and approve it as an appropriate internship experience.

Sponsoring Agency Supervisor

Date

Intern's Committee Chairperson

Date

Graduate Program Coordinator

Date

Department Head

Date