## **Internship Agreement**

This form is to be completed after you have been offered and have accepted an internship.

## **Student Information**

All fields are required \*Student First Name: Grand Valley \*Student Last Name: Student G00000000 \*Student G#: 616-555-5555 \*Local Phone Number: (e.g.: 123-456-7890) \*Local Student Address: 1 Campus Dr Allendale \*City: \*State: Michigan 49401 \*Zip Code: \*Major or Minor: Select Major or Minor in which you are receiving internship credit \*Internship Coordinator: \*Courses completed in major: Give course prefix and number. Ex: CAP 220 **-**|\$| \*Compensation: \*Overall GPA: 0.000 \*Class Standing: class standing at time of internship \*Desired Credits for Internship: \*Semester of Credit: select semester 2012 \*Date Internship Begins: May 2012 \*Date Internship Ends: \*Hours per week: • select hours per week \*How did you find your internship: Career Fair/netw orking event

Other:

## **Organization/Business Information**

Submit and Send to Supervisor

Information entered in this section will be completed and verified by your supervisor.

*Internship Organization/Business:	
*Supervisor Name:	
*Email:	
*Confirm Email:	
*Title:	
*Organization/Business Address:	
*City:	
*State:	Michigan 🔻
*Zip Code:	
Website:	
*Phone:	(e.g.: 123-456-
*Description of internship responsibilities and skills/information to be learned:	
I am in agreement with the described responded in a specified responded in the completed evaluation to Career Services and specified at the completion of this internship.	ponsibilities and understand I am to return a submit my experience on the Experience Matters