**INTERNSHIP AGREEMENT**

This form is intended to assist student and employer in specifying objectives, expectations and details of the internship opportunity. Students should complete this form in consultation with their internship supervisors, then vet with their faculty supervisor. Students should submit the agreement to the faculty supervisor at the beginning of the internship and keep one copy for his/her own records.

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| **Student information** |
| Student name |  | Student ID |  |
| Department |  | Program |  |
| Faculty supervisor |  | Course name |  |
| Email address |  | Phone number |  |

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| **Internship and supervisor information** |
| Host organisation |  |
| Location of internship |  |
| Start date |  | End date |  |
| Department |  | Type of internship | Paid/Volunteer |
| Supervisor name |  | Title |  |
| Email address |  | Phone number |  |

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| Task information |

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| --- | --- |
| Number of working hours per week |  |
| Project |  |
| Learning objectives |  |
| Main responsibilities |  |

Date **** Student name **** Signature ****

Date **** Internship supervisor name**** Signature ****

Date **** Faculty supervisor **** Signature ****