

Override entered on _____

BHS 410 Internship Application and Contract Agreement

- Applications must be submitted by end of week five of the term **prior** to the beginning of internship. (i.e. for *Winter* term internship, submit forms by end of week five of *Fall* term)
- This is a fillable form. Please remember to save before printing
- After completion student to return form to Internship Coordinator

Student's full name: _____ Student ID #: _____ Option: _____

E – Mail Address: _____ Current Phone: _____

Overall Grade Point Average: _____

Internship planned for:

- Fall 14
- Winter 15
- Spring 15
- Summer 15
- Fall 15
- Winter 16
- Spring 16
- Summer 16

Number of Credit Hours: _____

Participating Organization Supervisor

I agree to complete the Field Supervision of _____ during _____ term

201__ . Number of hours per week: _____

Number of credits:

Name: _____

Signature: -

Organization: _____

Title:

Street: _____

City, State,

Zip: _____

Phone number: _____

e-

mail: _____

1. To be completed by student:

Having read the abovementioned documentation and assignments, I understand and agree to complete all of the requirements necessary for the BHS 410 Internship.

Student's name: _____

Student's signature:

2. To be completed by Internship Coordinator:

Having read the prospective intern's proposal, I agree that this work agreement is in compliance with BioHealth Sciences requirements.

Internship Coordinator's name: _____

Signature: _____