

INTERNSHIP AGREEMENT
Arch Dalrymple III Department of History
The University of Mississippi

INTERN DATA

Student's Name: _____

Classification: _____

Semester: () Fall () Spring () Summer Yr: _____

Address: _____

City: _____ State: _____ Zip: _____

Major: _____

Phone: _____

Email: _____

AGENCY DATA

Agency's Name: _____

Phone: _____

Supervisor's Name: _____

Title: _____

Email Address: _____

Fax: _____

Address: _____

City: _____ State: _____

Zip: _____

TIME COMMITMENT:

Starting Date: _____ (mm/dd/yy) Ending Date: _____ (mm/dd/yy)

Hours to be worked each week: _____

PLACEMENT ACTIVITIES: *(Student's responsibilities, method and frequency of supervision, employer's responsibilities. Use the back of sheet if more space is required.)*

I affirm the above internship information to be correct and understand that any change in or deviation from the conditions stated in this contract without approval from the Environmental Studies Director or misrepresentation of the facts of this agreement may result in termination of the internship and/or no award of academic credit.

Student's Signature: _____

Date: _____

To the student: You must obtain the Agency Supervisor's signature below before returning this form to the Environmental Studies Director.

I verify the above to be correct and agree to complete the Final Internship Evaluation Form at the end of the student's internship.

Agency Supervisor's Signature: _____

Date: _____

HST Advisor Signature: _____

Date: _____

