

Internship Placement Agreement Form

This agreement outlines the expectations, terms, and conditions governing the internship placement. Please complete all sections below. Once completed, print the form to obtain the required physical signatures.

1. Student Information

Student Full Name:	<input type="text"/>
Student ID Number:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>
Academic Program / Major:	<input type="text"/>

2. Host Organization Information

Organization/Company Name:	<input type="text"/>
Site Supervisor Name:	<input type="text"/>
Supervisor Title:	<input type="text"/>
Supervisor Email:	<input type="text"/>
Supervisor Phone:	<input type="text"/>
Physical Address:	<input type="text"/>

3. Internship Details

Internship Position Title:	<input type="text"/>
Start Date (MM/DD/YYYY):	<input type="text"/>
End Date (MM/DD/YYYY):	<input type="text"/>
Estimated Hours Per Week:	<input type="text"/>
Compensation (e.g., Paid, Unpaid):	<input type="text"/>

4. Agreement Terms

By signing below, the student, host organization, and educational institution agree to comply with the internship guidelines, safety protocols, and academic requirements established for this placement.

5. Signatures and Approvals

Please print this form and sign below to finalize the agreement.

Role	Signature	Date
Student:	<input type="text"/>	<input type="text"/>
Host Site Supervisor:	<input type="text"/>	<input type="text"/>
Academic Coordinator:	<input type="text"/>	<input type="text"/>