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| **Student Name:** | **Student Email:** |
| **Student Phone #:** |
| **Organization Name:** | **Organization Address:** |
| **Supervisor Name and Title:** | |
| **Supervisor Phone #:** | **Supervisor Email Address:** |

**Describe the student’s responsibilities and duties during the internship:**

**List the agreed upon work hours and schedule for the duration of the internship**:

**Provide details on special requirements or concerns (virtual internship, weekend events, etc.), if applicable:**

**By signing your (supervisor) name below, you certify that:**

1. The student listed above will work as an intern at your organization for at least 100 hours.
2. The student’s tasks will involve deliberate learning and professional development related to their area of study.
3. The student will receive thoughtful and regular guidance, feedback and mentoring from the site supervisor.

**By signing your (student) name below, you certify that you will:**

1. Maintain a professional attitude, appearance, and work ethic, and demonstrate punctuality and dependability.
2. Communicate deadlines and obtain signatures from the supervisor regarding all mandatory JOUR 498 paperwork.
3. Log all hours at the internship and complete the total number of agreed upon hours during the semester.

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**