Environmental Studies Internship Agreement

This form must be on file with all approval signatures prior to registration for credit.

Student Name: _____

Internship Title: _____

_____		_____	
Student	**Date**	**ES Internship Coordinator**	**Date**
_____		_____	
Field Supervisor	**Date**	**Alternate Supervisor**	**Date**

Approvals: Signatures may be obtained in any order, except the Undergraduate Coordinator is the last to sign obtained.

Contact Information: This information pertains to the period of the internship. Its purpose is to facilitate contact between the concerned parties to fulfill their respective responsibilities.

Student Information	**Internship Coordinator**
Name	**Name**
Street	**Street**
City State Zip	**City State Zip**
Phone	**Phone**
Email Address	**Email Address**
Field Supervisor Information	**Alternate Supervisor Information**
Name	**Name**
Street	**Street**
City State Zip	**City State Zip**
Phone	**Phone**
Email Address	**Email Address**

The typed internship agreement must be attached to this form. Copies of the whole agreement must be provided to all who have signed it.