

Women's Studies Internship Contract

Name of Intern _____ Student number _____

Phone numbers _____ Email _____

Name of Academic Supervisor _____

Phone numbers _____ Email _____

Name of Site/Work Supervisor _____

Name of Agency/Organization _____

Address _____ City _____ State _____ Zip _____

Additional Address info _____

Phone numbers _____ Email _____

Semester/Year _____ Credits _____

Dates of Internship _____ Hours per week _____

Learning Contract: Briefly describe what you want to learn from this internship, what you intend to do, and how your job duties will fulfill your learning intentions.

Student Signature

Date

Site/Work Supervisor Signature

Date

Academic Supervisor Signature

Date