

# INTERNSHIP AGREEMENT

## Student Information

Name \_\_\_\_\_

ID# \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone \_\_\_\_\_

Office Telephone \_\_\_\_\_

Duration of Internship (inclusive dates)

\_\_\_\_\_

Location of Internship (Name and Address of School)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Supervisor Information

Name \_\_\_\_\_

Position \_\_\_\_\_

District or IU \_\_\_\_\_

Telephone \_\_\_\_\_

\* \* \* \* \*

I, \_\_\_\_\_, agree to serve as supervisor for the above-named student of the Department of Exceptionality Programs, Bloomsburg University, to supervise the student's on-site work in cooperation with the intern's advisor, with the understanding that this agreement does not involve academic status with compensation from Bloomsburg University.

\_\_\_\_\_  
Signature of Supervisor