

**UNIVERSITY OF WISCONSIN – SUPERIOR**  
**DEPARTMENT OF HEALTH & HUMAN PERFORMANCE**  
**INTERNSHIP AGREEMENT**

Class No.	Cat Dept/No.	Course Title	Section	Credits	Instructor
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Student Name	Student Identification Number
Local Address	Local Telephone Number
Major(s)	Credits Earned to Date
Employer	Employer Address
Supervisor	Supervisor's Telephone Number

**Instructions:** *Complete this form with the assistance of the instructor, prior to obtaining the following signatures.*

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Employer or Supervisor Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Field Experiences Director Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Department Chair Signature

\_\_\_\_\_  
 Date

Copy to:

- Student
- Supervisor (if applicable)
- Instructor

Contract Starting Date	Contract Ending Date	Credits Required	Total Hours

Title of Internship: \_\_\_\_\_

**Instructions:** *Complete the information below. Be as thorough and specific as possible. The accepted standard for an internship is 450 hours of work per 10 credits.*

**Objectives:** (What do you want to accomplish? Be specific.)

**Learning Activities:** (What will you do to achieve the above objectives? Include the estimated number of hours.)

**Evaluation:** (How will the site supervisor and/or instructor determine if you have achieved the above objectives? A final written report is required.)

The student intern agrees to perform all assigned duties to the best of his or her ability and to submit all required academic reports. The employer agrees to provide a supervised schedule of work that corresponds with the learning activities listed above, to review the intern's final report for accuracy and quality, and to submit a written evaluation of the intern's performance.

Workers' compensation insurance is the responsibility of the employer.

*The information requested by the University of Wisconsin-Superior will not be used for purposes other than it is collected. (WI Act 39)*