EASTERN ILLINOIS UNIVERSITY SCHOOL OF TECHNOLOGY

INTERNSHIP AGREEMENT FORM

Ms./Mr has approval to participate in the Industrial Internship course offered by the School of Technology. The student will earn semester hours by spending clock hours on the internship study. The internship will begin on and will end on		
Address:(Street)	(City)	(State) (Zip)
The student's internship site supe	ervisor at the cooperating busines	s or industry will be:
Name:	Title:	Phone: ()
Email:	Fax: ()	
as directed by the site supervisor reports and assignments as requisited Student: Cooperating Business or Industries Cooperating business or industries concentration area or pro-	r at cooperating business or industried by the course. stry ustry agrees to provide the student	Date t a directed quality experience in the ent to participate in company's business
student and to complete evaluation	agrees to guide and direct the lear on of the student's performance.	•
		maintain communication with both the
Internship Coordinator at the Sch	nool of Technology:	
		Date: