

## INTERNSHIP CONTRACT/AGREEMENT FORM

Firm's Name \_\_\_\_\_

Location \_\_\_\_\_

Contact Person \_\_\_\_\_

Firm's Phone No. \_\_\_\_\_

Working Days of the Week \_\_\_\_\_

Working Hours per Day \_\_\_\_\_

Begin Date \_\_\_\_\_

End Date \_\_\_\_\_

Academic Semester \_\_\_\_\_

Compensation (If Any) \_\_\_\_\_

Intern Duties/ Job Description \_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Supervisor's email \_\_\_\_\_

Title \_\_\_\_\_

Supervisor's mobile number \_\_\_\_\_

Student's Name \_\_\_\_\_ USIU-Africa ID \_\_\_\_\_

Student's Major \_\_\_\_\_ Minor \_\_\_\_\_

Student's email address \_\_\_\_\_

Student' Mobile Number/Tel.No \_\_\_\_\_

Internship Office Approval \_\_\_\_\_