

**WCPSS School to Career Internship Program
INTERNSHIP PLACEMENT AGREEMENT**

Student Name: _____

Organization: _____

Supervisor Name & Title: _____

Supervisor Email: _____

Supervisor Office Phone: _____ Ext. ____ Supervisor Cell Phone: _____

Company Alternate Contact Person Name: _____

Company Alternate Contact Person Phone Number: _____

Organization Address, City, Zip: _____

Organization phone #: _____ FAX #: _____

Building/Department of Student Location: _____

Student Responsibilities/Duties:

Internship start date: _____ Number of weeks: _____ # Hours per week _____

Internship end date: _____

Rate of pay (if applicable): _____ per _____ Frequency of payment: _____

The Student Intern agrees to:

1. Undertake activities that provide a comprehensive view of the organization and that focuses on the roles, responsibilities, and functions of the organization sponsor.
2. Declare academic or honors internship credit before beginning the internship.
3. Discuss project proposal with the Internship Supervisor.
4. Consult with the Internship Coordinator as assigned by the Internship Coordinator.
5. Be regular in attendance and on time to assigned internship and notify the Internship Coordinator and Internship Supervisor should accident or illness occur.
6. Conform to the regulations of the organization (dress, conduct, etc.)
7. Understand that dropping the internship will result in a withdrawal/failure to complete the internship.

