



CAREER CENTER INTERNSHIP CONTRACT

In order to maintain class enrollment standing, as well as notation on your student transcript regarding your internship, this application must be completed and submitted by the assigned date and prior to the internship experience.

Student's Name: _____
Last First Middle

CU ID Number: _____

Major: _____ Internship Class: _____

WORK PERIOD INFORMATION

Start Date: _____ Finish Date: _____

Semester/Year: _____

STUDENT CONTACT INFORMATION

Mailing Address: _____

Phone Number: _____ Work Phone Number: _____ Email Address: _____

SALARY INFORMATION

Hourly Salary (before taxes): _____ Hours of Work per Week: _____

EMPLOYER INFORMATION

Company Name: _____

Company Address: _____

SUPERVISOR INFORMATION

Name: _____ Title/Department: _____

Work Number (includes extension and area code): _____ Email Address: _____

POSITION DESCRIPTION:

INTERN RESPONSIBILITIES:

PROSPECTUS:

For Student to Complete: On a separate document, list 3 goals for your internship (one academic, one professional, and one personal) and briefly explain *how* you would like to achieve these goals in your internship experience.

Signature of Student Date

Signature of Site Supervisor Date

By signing this document, the student verifies that all of the above information is correct and that he/she has contacted the Financial Aid Office about how this experience may affect any assistance he/she is on.