

INTERNSHIP CONTRACT - NON-CREDIT

Career Planning Office • 100 College Drive, Allentown, PA 18104 • 610-606-4648 • FAX: 610-740-3789 (SPS 270)

It is the student's responsibility to complete this form, obtain necessary signatures, and return to the Career Planning Office.

Name		St	udent ID#		
Major		GPA	Anticipated Graduation (Month/Year)		
Campus phone/e-mail				Box #	
Circle One:	Fall	Spring	Summer	Year	
Circle One:	Non-paid	Paid			
Internship Site					
Supervisor's Name &	Title				
Street Address					
				Zip Code	
Phone	Fax	ζ	Email		
Intern Job Title					
	End Date		Total We	Total Weeks/hrs	
 Agree to abide Complete hou Attend Interns Complete an e B. Academic Ad	iption of interns e by stipulation ars as deemed a ship Seminar. evaluation form visor Respo	ship with site sus noted in Inter- appropriate by to and a written onsibilities	nship Guidelines set forth he site supervisor. summary of the experie	th by the Career Planning Office. Ince and submit to Career Planning Office	
Advise and co	ounsel student r	egarding depart	mental prerequisites and	d appropriate credit load.	
	s in the internship of the internship of the evaluation	hip application experience. Mation forms.	process. anage correspondence	Date Date	
Career Planning Director			Date		

Copies to: Academic Advisor & Director of Career Planning