



Agency Agreement Contact Information

Internship Coordinator Initiating Contract: _____

AGENCY

Name: _____

Address: _____

Website: _____

AUTHORIZED SIGNER FOR CONTRACT

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

PLACEMENT SITE CONTACT (site supervisor/preceptor)

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

ACADEMIC DEPARTMENT APPROVAL

Dept. Chair or Authorized Representative: _____

Date: _____