

AGREEMENT FOR INTERNSHIP STUDY

The University of Georgia
Program of Adult Education

River's Crossing
850 College Station Road
Athens, Georgia 30602-4811
(706) 542-2214 or fax (706) 542-4024

Name: _____ SSN _____

Address: _____
Street City State zip

Telephone: Home: _____ Business: _____

ORGANIZATION AGREEING TO ACCEPT AN INTERN AND PROVIDE GUIDANCE AND SUPERVISION AS OUTLINED IN THE INTERNSHIP CONTRACT:

Name of Organization: _____

Site Supervisor: _____

Address: _____
Street City State zip

Telephone: _____

Dates of Internship: _____
Start End

Internship Department or Specialization: _____

Intern Salary (if applicable): _____

The intern will receive _____ hours of graduate credit (45 hours per credit hour)

The intern, site supervisor, and faculty advisor have agreed on the specific learning goals, objectives and activities. A copy of this agreement is attached.

Intern Date

Site Supervisor Date

Faculty Advisor Date