

For IC&P Office Use Only:	
_____	Copy to Student
_____	Copy to Faculty Advisor
_____	Copy to Site Supervisor
_____	Entered into WcC

## Academic Internship Agreement

To be completed by **Faculty Advisor** and **Student**

Student Name: \_\_\_\_\_ UNH ID: \_\_\_\_\_

Intended Internship Semester: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ J Term Year: \_\_\_\_\_

Major: \_\_\_\_\_ Anticipated Degree Completion/Graduation Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***To be completed by Faculty Advisor:***

Faculty Advisor: \_\_\_\_\_ Department: \_\_\_\_\_

UNH Phone Ext: \_\_\_\_\_ Email: \_\_\_\_\_

Internship Course Number: \_\_\_\_\_ CRN: \_\_\_\_\_

Credit Hours (check one):

- 4 Credits = 180 hours       4 Credits + class within major = \_\_\_\_\_ on site hours
- 3 Credits = 135 hours       2 Credits = 90 hours       1 Credit = 45 hours
- Other \_\_\_\_\_ Credits = \_\_\_\_\_ hour

Check one:  Letter grade  Pass/Fail

\_\_\_\_\_      \_\_\_\_\_  
 Faculty Advisor's Signature      Date

*Student: This form serves as your permission to register for the internship course.*

**Meet with Internship & Career Planning**      Date \_\_\_\_\_ Time \_\_\_\_\_

Identify positions of interest:  
 \_\_\_\_\_

Have your resume reviewed, approved and uploaded into Wildcat Careers

Read and sign the **Internship Expectations Agreement**

\_\_\_\_\_      \_\_\_\_\_  
 I&CP Resume Approved - Signature      Date

**To be completed by Site Supervisor**

---

Internship Site (Name of Organization): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Internship position title: \_\_\_\_\_ Department: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Internship Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Proposed work schedule/Hours per week: \_\_\_\_\_

Paid:  No  Yes \$ \_\_\_\_\_ hr \$ \_\_\_\_\_ stipend \$ \_\_\_\_\_ other

*I understand that I will be contacted mid-semester and at the end of the semester for student evaluation. Internship hours must be verified by **Site Supervisor**, and forwarded to the **Faculty Advisor**, prior to student receiving grade. **Please initial:** \_\_\_\_\_*

**Faculty Advisor Email:** \_\_\_\_\_

Outline Intern project/responsibilities (attach description if more space is needed):

---

---

---

---

---

---

**To be completed by Intern and Site Supervisor together**

---

Identify Intern's learning goals and how they will be accomplished (minimum of 3 goals recommended):  
(attach goals if more space is needed):

---

---

---

---

---

---

---

---

Intern Signature

Date

Site Supervisor Signature

Date

*Additional best practices for internship site supervisors will be sent via email by Internship & Career Planning upon completion of all paperwork.*

**Marketing Release – Site Supervisor:**

*UNH Manchester Marketing may be interested in writing a blog, conducting a photo session and/or video shoot in relationship to the student's internship experience for promotional purposes. I agree to be contacted by a member of UNH, during which time details regarding promotional purposes and release forms will be discussed. **Please initial:** \_\_\_\_\_*

