Illinois Wesleyan University

# Curricular Practical Training
# INTERNSHIP AGREEMENT
# (Use only if *not* obtaining academic credit)

*Students must complete this agreement, obtain appropriate signatures and submit to the International Office to apply for CPT Authorization. Student CANNOT begin to work at the internship site until AFTER CPT is approved by the Designated School Officer.*

Name_____ Address _____ City/Zip_____

Major (s)_____ Student e-mail _____

Class status (during Internship): F S J Sr Graduation date_____ Phone_____

## INTERNSHIP/RESEARCH ASSIGNMENT: To be completed by **on-site supervisor**.

Name of Organization: _____

Mailing Address: _____

On-site Supervisor Name and Title: _____

Phone: _____ Email: _____

INTERNSHIP/RESEARCH POSITION: _____

Date Internship Begins: _____Date Internship Ends: _____ Number of on-site hours/week: _____

**Intern's Duties and Responsibilities:** (Attach position description, if available.)

Will intern receive any financial compensation? ☐ Yes ☐ No If yes, please specify wages _____

***Note: Supervisors - Please sign on the bottom of this form!***

## INTERN'S LEARNING OBJECTIVES: To be completed by **student intern**.

Please identify your educational and professional goals for this internship and the means for accomplishing them.

Additional expectations/special conditions:

**Signatures required on back**

## SIGNATURES:

The signatures of the undersigned indicate that the above agreements have been reviewed and approved. The student intern acknowledges personal responsibility for the internship commitment and agrees to perform the internship duties in a professional and ethical manner. The student intern has been informed of any risks inherent in the work to be performed and knowingly consents to undertake such risks. The sponsor(s) endorse the educational goals of this learning experience and agree to provide supervision and/or training to assist the student in fulfilling the conditions of this internship.

**Signature of Student Intern:** _____ Date: _____

**Signature of On-Site Supervisor:** _____ Date: _____

**My signature below indicates that I am the student's academic advisor and have reviewed the details of the internship/employment/researched offered to my advisee. I verify that this practical experience is integral to the student's major field of study or is a requirement for a class in which my advisee is enrolled. We have discussed the details of the proposed experience/employment and how it should enhance the student's educational program and academic objectives.**

**Signature of IWU Faculty Advisor:** _____ Date: _____

**Authorized by DSO**_____Date:_____