

# Internship Placement Agreement

Department of Health Sciences and Social Work  
Western Illinois University

( please complete the top two sections  
of this page on the computer )

INTERN INFO


Fall ☐ Spring ☐ Summer ☐


- ☐ Community Health Education (CHE)
- ☐ Emergency Management (EM)
- ☐ Environmental & Occupational Safety (EOS)
- ☐ Health Services Management (HSM)
- ☐ Public Health (PH)

AGENCY / SUPERVISOR


I have read the directions for this internship and understand all the requirements. I understand that failure to attend the internship oral presentations and submit biweekly progress reports, necessary forms, and the final internship summary paper will result in a final grade of U. I also agree to pay all fees associated with this course.

<hr/>		<hr/>	
<i>Student's Signature</i>		<i>Date</i>	
<hr/>			
Approve <input type="checkbox"/> Deny <input type="checkbox"/>	<hr/>	<hr/>	
	<i>Site Supervisor</i>	<i>Date</i>	
<hr/>			
Approve <input type="checkbox"/> Deny <input type="checkbox"/>	<hr/>	<hr/>	
	<i>Academic Advisor</i>	<i>Date</i>	
<hr/>			
Approve <input type="checkbox"/> Deny <input type="checkbox"/>	<hr/>	<hr/>	
	<i>Internship Coordinator</i>	<i>Date</i>	

# Internship Objectives

( please complete this  
page on the computer )

*By the completion of the internship, I will be able to:*

1 \_\_\_\_\_

6 \_\_\_\_\_

2 \_\_\_\_\_

7 \_\_\_\_\_

3 \_\_\_\_\_

8 \_\_\_\_\_

4 \_\_\_\_\_

9 \_\_\_\_\_

5 \_\_\_\_\_

10 \_\_\_\_\_

*( Attach separate sheet if there are additional objectives )*

**WHEN FINISHED:** Deliver to Department of Health Sciences & Social Work, Stipes Hall 402.