

# 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.

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

Approve  Deny

\_\_\_\_\_  
*Site Supervisor*

\_\_\_\_\_  
*Date*

Approve  Deny

\_\_\_\_\_  
*Academic Advisor*

\_\_\_\_\_  
*Date*

Approve  Deny

\_\_\_\_\_  
*Internship Coordinator*

\_\_\_\_\_  
*Date*

# 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.