



AMC INTERNSHIP AGREEMENT

*** All areas must be completed**

Name _____	Internship site _____
Class _____ Major _____	Address _____
Campus Box _____ Tel. _____	_____
Email _____	Tel. _____
Home Address _____	On-site supervisor _____
Home Tel. _____	Email _____
GPA _____ Internship Credit _____	Starting Date _____ Completion Date _____

JOB DESCRIPTION (Be specific):

MAIN LEARNING OBJECTIVE:

ACADEMIC REQUIREMENTS (PAPER, JOURNALS, PROJECT REPORTS, READING LISTS):

FACULTY/STUDENT MEETINGS (TYPE AND FREQUENCY):

SIGNATURES:

DATE: _____

Student _____

On-Site Supervisor _____

Faculty Sponsor _____

Please Note: Any default of this agreement without the consent of the signed parties will result in the termination of the student from the internship program for the semester.

***Please maintain a copy for your records.**

Return to:

Career Services
Anna Maria College
Paxton, MA 01612-1198
Tel: 508.849.3345
Fax: 508.849.3343