

**GRAND VALLEY STATE UNIVERSITY
WOMEN & GENDER STUDIES PROGRAM
INTERNSHIP AGREEMENT**

A student must submit this completed form with all of the required signatures and with the description of internship responsibilities to the Director of Women & Gender Studies. Program approval is required prior to enrollment for internship credit.

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To be completed by student Date _____

Student Name _____ G Number _____

Student Address _____

Local Student Phone Number _____ Email Address _____

Semester of Internship _____

Number of credits you wish to receive for this internship (min.2) (max.6) _____

Date internship begins _____ Ends _____ Hours per week _____

Internship Organization _____

Employer/ Supervisor _____ Title _____

Organization Address (street, city, state & zip code) _____

Phone Number _____

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To be completed by Student and Employer/Supervisor

Please attach a description of the internship /co-op responsibilities and learning objectives

I am in agreement with the attached responsibilities and learning objectives:

Employer's/ Supervisor's signature _____ Date _____

Name of supervisor (please print) _____

Supervisor's Email Address _____

Student's Signature _____ Date _____

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To be completed by Faculty Advisor

Academic component requirement:

I approve the internship and will give the necessary time to direct the work:

Faculty Advisor's Signature _____ Date _____