

Reset Form

Submit by Email

Print Form

Internship Agreement Information

Name of Company:

Location of Company:

Address:

City: State: Zip:

Faculty Supervisor:

Hours per week: # of weeks

Time Period: through

STIPEND Amount: per intern. (Fringes and overhead will be calculated by COGS)

Sponsor Contact:

Name:

Title:

Organization:

Address:

City: State: Zip:

Phone: () Fax: ()

Email:

Contract Signer's Name (if different from Sponsor Contact):

Title: _____

Invoice Address To Send Invoices (if different than Sponsor Contact):

Invoicing options for sponsor:

____ One-Time

____ By Semester

____ Monthly

Sponsor Supervisor: _____

- | | |
|-----------------------------|------------------|
| Name of Intern # 1: | Rocket #_ |
| Name of Intern # 2: | Rocket #_ |
| Name of Intern # 3: | Rocket #_ |
| Name of Intern # 4: | Rocket #_ |
| Name of Intern # 5: | Rocket #_ |
| Name of Intern # 6: | Rocket #_ |
| Name of Intern # 7: | Rocket #_ |
| Name of Intern # 8: | Rocket #_ |
| Name of Intern # 9: | Rocket #_ |
| Name of Intern # 10: | Rocket #_ |
| Name of Intern # 11: | Rocket #_ |
| Name of Intern # 12: | Rocket #_ |
| Name of Intern # 13: | Rocket #_ |
| Name of Intern # 14: | Rocket #_ |
| Name of Intern # 15: | Rocket #_ |
| Name of Intern # 16: | Rocket #_ |

Job Description: *(If additional space is needed, please attach a separate sheet of paper)*

A large, empty rectangular box with a thin black border, intended for providing a job description. The box occupies most of the page's vertical space below the header text.