Internship Certification and Agreement

Participant:	_
Program:	_
Destination:	_
Dates:	_
Internship Course:	_
	of the job duties that the student intern will be expected to projects that the intern will be assigned.
Internship contact/supervisor within	the business or agency:
Company:	Supervisor:
Position:	Address:
Email:	Phone:
SIGNATURE (Supervisor)	DATE
SIGNATURE (Student)	DATE