Professional Internship Agreement & Proposal Approval Form

COAST PSM Student Name                      Student ID#

Company/Organization/Laboratory        Immediate Supervisor

Company/Organization/Lab Address

Company/Organization/Lab Telephone                         Email

Start Date   End Date        Hours/week Total hours worked Pay Rate

Internship Project Title: (as applicable, attach position description and/or internship proposal)

Agreement:
The above named individuals agree to participate in the PSM Internship described herein and adhere to the designated dates and conditions. All students must register for internship credit during the semester in which the internship is undertaken. International students must comply with all International Student Office requirements. A comprehensive written report that documents completion of internship duties, along with this signed form, must be submitted to the PSM Program Coordinator and Immediate Supervisor by the last day of the semester in which the internship is performed. A concurrent oral presentation of internship achievements must be presented to the Immediate Supervisor. Failure to complete the above requirements and to obtain all specified signatures will result in a failing grade; a grade of Unsatisfactory (U) being recorded.

Start of Internship Signatures:

Student                   Date  Immediate Supervisor           Date

COAST PSM Program Coordinator Date  SMAST Dean    Date

End of Internship Signatures (Indicating successful internship completion):

Student                   Date  Immediate Supervisor           Date

COAST PSM Program Coordinator Date  SMAST Dean    Date

APPROVAL BY:

COAST PSM Program Coordinator Date  SMAST Dean    Date