

St. John Fisher College

The Bittner School of Business Internship Program

Internship Agreement

Intern:

Name: _____

Email: _____ Phone: _____

Course: ACCT491 ____ FINA491 ____ MGMT491 ____ Term: _____

Sponsoring Organization: _____

Address _____

City _____ State _____ Zip _____

Intern's Position Title: _____

Intern commitment: I will work a minimum of 135 hours for the Sponsoring Organization noted above during the specified Internship period; I will submit all reports and assignments according to published course requirements.

Signature: _____ Date: _____

Intern Supervisor:

I will supervisor the intern's work in this position and agree to submit written performance evaluations as required.

Description of Internship: _____

Supervisor Name _____ Email _____ Phone _____

Signature _____ Date: _____

Internship Coordinator:

I will approve this internship for academic credit, provided the student completes the formal registration process and all published course requirements. I will evaluate the intern's work and supervisor evaluations and I will assign a grade of Satisfactory or Unsatisfactory on the basis of the quality and completeness of all these submissions.

Signature _____ Date: _____