SIU CARBONDALE SOUTHERN ILLINOIS UNIVERSITY INFORMATION TECHNOLOGY

ITEC 419
INTERNSHIP AGREEMENT

No printing or faxing necessary! Enter all information directly into the form. "Sign" digitally (easy instructions below). Be sure form is complete before Supervisor signs, after which all fields will be locked except Intern's information. (Mac users: This form is designed for Adobe Reader.)

To be completed by Student Intern:

Status: On-Campus Student ☐ Online Student ☐ Term/Year:_____Internship Credit Hours:_____

Student Name:_____ SIU Dawg Tag:_____

Email:_____Phone:_____

Sponsor Organization Name:_____

Organization Address:_____

Organization Website:_____

To be completed by Supervisor:

Supervisor Name:_____Title:_____

Email:_____ Phone: _____

Internship Start Date:_____Internship End Date:_____

Location where work will be performed:_____

Job Description (*specific projects, tasks, and activities to be completed by the student during the internship:*

Relevance of work to Information Technology degree program:

Additional Comments:

Expectations

Student:

- Student will complete 169 hours (for a 3-credit hour internship) of supervised internship activities during a single academic term. Other length internships required Internship Coordinator approval.
- Student understands and agrees to produce quality work in accordance with the scope of work and deliverables outlined in the job description above.
- Student will complete ITEC 419 course assignments and expectations as outlined on the course website.

Sponsor:

- Sponsor agrees that all activities will closely align with those listed above and will supplement the student's coursework in information technology.
- Sponsor will complete one Midterm Evaluation and one Final Evaluation using provided forms.
- Sponsor understands and agrees to support Student in pursuit of a successful and rewarding internship experience.

The ITEC Program appreciates the time and commitment of internship sponsors to make these important learning opportunities possible. Thank you.

Questions and suggestions are welcome and may be directed to Dr. Ning Yang, nyang@siu.edu.

Please sign digitally. If it's your first time, follow these easy instructions. Be sure form is complete before Supervisor signs, after which all fields will be locked except Intern's information.

_____	_____
Supervisor Signature	Signature Date
_____	_____
Student Intern Signature	Signature Date
_____	_____
Internship Coordinator Signature	Signature Date