



INTERNSHIP CONTRACT/AGREEMENT FORM

Firm's Name _____

Location _____

Contact Person _____

Firm's Phone No. _____

Working Days of the Week _____

Working Hours per Day _____

Begin Date _____

End Date _____

Academic Semester _____

Compensation (If Any) _____

Intern Duties/Job Description _____

Supervisor's Signature _____ Supervisors email _____

Title _____

Supervisor's mobile number _____

Student's Name _____ USIU ID _____

Student's Major _____ Minor _____

Student's email address _____

Student' Mobile Number/Tel.No _____

Internship Office Approval _____