

UNIVERSITY LIBRARIES

Internship Agreement

TO BE COMPLETED BY THE INTERN:

Name: _____ PSU ID# _____
(if applicable)

Home Address: _____

Phone Number: _____ PSU Access ID (if applicable) _____

Emergency Contact: _____ Phone No. _____

TO BE COMPLETED BY THE SUPERVISOR:

Department: _____ Supervisor: _____

Brief summary of internship assignment, learning objectives and goals:

Type of Internship: Paid Unpaid For Credit Not for Credit

Approximate # of hrs./week _____ Pay Rate (if applicable) \$ _____/hr.

This agreement is valid from _____ to _____

TO BE COMPLETED BY INTERN AND SUPERVISOR:

As an intern, I understand and agree to the above and have read the "Information for Interns" provided to me and understand the terms of this relationship.

Intern Signature

Date

Supervisor's Signature

Date