

INTERNSHIP CONTRACT
COLLEGE OF MOUNT SAINT VINCENT
 RIVERDALE, NEW YORK 10471
 OFFICE OF CAREER DEVELOPMENT AND INTERNSHIPS
 PHONE (718)405-3263/ FAX (718)405-3491

STUDENT NAME		Semester
Major		Class of
Residence Hall		
Home Address		
City	State	Zip
Cell Phone #	Alternate #	
Email Address		
INTERNSHIP ORGANIZATION NAME		
Street Address		
City	State	Zip
Supervisor Name	Title	
Telephone	Fax	
Email Address		
DESCRIPTION OF INTERN DUTIES		
LEARNING OBJECTIVES		

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SCHEDULE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.

Travel/Lunch Allowance: The internship site has agreed to reimburse the intern
 \$_____ per week for expenses.

Course #: ___375 ___475 Credits: ___3 ___6

**THE UNDERSIGNED AGREE TO THE GUIDELINES OF THE COLLEGE OF MOUNT SAINT
 VINCENT INTERNSHIP PROGRAM:**

Student _____ Date _____
 Site Supervisor _____ Date _____
 Academic Supervisor _____ Date _____
 Career Development _____ Date _____

This contract must be completed and returned to the Director of Career Development and Internships by the end of the 1st week of the semester. Failure to meet this deadline may result in cancellation of the student's registration in the course. Students having difficulty meeting this deadline should contact the Director of Career Development and Internships or the Academic Supervisor.

Grades: Site _____ Dept. _____ CD _____ Final _____
