DEPARTMENT OF PSYCHOLOGY  
EASTERN CONNECTICUT STATE UNIVERSITY  

INTERNERSHIP AGREEMENT  revised 3/14

This is a contract between an ECSU Psychology Student and their Internship site supervisor. The student, together with their site supervisor from their placement, completes each item. Students are required to return the original and one copy to their ECSU Supervising Professor before the end of the second week of the semester.

Student name: ___________________________________________  Semester/year: __________________(please print)

ECSU Supervising Professor name: ______________________________________________________________

(please print)

Internship Site Supervisor name: ______________________________________________________________

(please print)

Name of Internship site ______________________________________________________________

Internship site mailing address ______________________________________________________________

________________________________________________________________________________________

Site Supervisor’s telephone number: ____________________________, e-mail: ____________________________

Back-up supervisor name: ____________________________, e-mail: ____________________________

Please try to use operational terms when completing this form.

1. Specific Educational Objectives. What will the student learn?
2. Description of duties and responsibilities. What will the student do? Indicate how these duties relate to the objectives described above.

3. Weekly work schedule (minimum of approximately 8 hours per week). Please include the average number of hours per week so that we may determine the number of credits for which the student is eligible.

Internship Site Supervisor Signature_________________________________________ Date: ____/____/____

Student Signature_________________________________________________________ Date: ____/____/____