

**DEPARTMENT OF PSYCHOLOGICAL SCIENCE
EASTERN CONNECTICUT STATE UNIVERSITY**

INTERNSHIP AGREEMENT revised 5/21

This is a contract between an Eastern 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 this form to their Eastern Supervising Professor before the end of the second week of the semester.

Student name: _____ Semester/year: _____

Eastern Supervising Professor name: _____

Internship Site Supervisor name: _____

Name of Internship site _____

Internship site mailing address _____

Site Supervisor's telephone number: _____, e-mail: _____

Back-up supervisor name (optional): _____, 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: _____