

Undergraduate Internship Contract

Student Information

Full Name _____ USC ID _____

Email Address _____ Phone _____

Major _____

Course Information

Term Fall Spring Summer Year _____

Subject Code _____ Course Number _____ Section Number _____ CRN _____

Instructor Name _____ USC ID _____

Internship Details (To be completed by the instructor who will supervise the study)

Location: _____

On-Site Supervisor Name/Phone Number: _____

Description of Internship (Conditions, Duties, Hours, Etc.):

Objectives (What new skills and/or information will the student acquire?):

Textbooks, Readings, or Other Resources to Be Used:

Method of Evaluation:

I understand that completion of this form does not constitute registration, and that I must register for this course in the usual manner. Student is to submit completed copy to the Office of the University Registrar to complete registration.

Student Signature _____ Date _____

Approval Signatures

Instructor _____ Date _____

Advisor _____ Date _____

Department Chair _____ Date _____

Student's Dean (Undergrad) _____ Date _____