

**MASTER OF ARTS IN HUMAN SERVICES, ST. EDWARD'S UNIVERSITY**

**(\*)INTERNSHIP AGREEMENT  
(Bring to Trustee Hall Room 327)**

**SEMESTER:**\_\_\_\_\_

**STUDENT:**\_\_\_\_\_ **ID#**\_\_\_\_\_ **E-MAIL**\_\_\_\_\_

**INTERNSHIP TITLE:**\_\_\_\_\_

**SPONSOR ORGANIZATION**\_\_\_\_\_

**SITE:**\_\_\_\_\_ **SITE SUPERVISOR**\_\_\_\_\_

**PHONE:**\_\_\_\_\_ **E-MAIL**\_\_\_\_\_

**INTERNSHIP DATES**\_\_\_\_\_ **HOURS PER WEEK**\_\_\_\_\_

**Goals/Objectives and Tasks/Responsibilities from Internship Proposal Requirements (see Appendix A)**

<b>LEARNING OUTCOMES:[Be specific]</b>	<b>TASKS/RESPONSIBILITIES</b>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

**ASSESSMENT AND EVALUATION** – Note: A final evaluation form will need to be completed by site supervisor.

**INTERN:**\_\_\_\_\_ **DATE:**\_\_\_\_\_

**SITE SUPERVISOR:**\_\_\_\_\_ **DATE:**\_\_\_\_\_

**ST. EDWARD'S INSTRUCTOR:**\_\_\_\_\_ **DATE:**\_\_\_\_\_

(\*) Original to MAHS Office