

# Internship Placement Agreement

Department of Health Sciences and Social Work  
 Western Illinois University

(please type this form before printing)

INTERN INFO

First and Last Name  WIU ID #

Street Address

City  State  Zip

Phone #  Email

Fall  Spring  Summer  Year  Grad Undergrad

Community Health Education (CHE)  
 Emergency Management (EM)  
 Environmental & Occupational Safety (EOS)  
 Health Services Management (HSM)  
 Public Health (PH)

Start Date

AGENCY / SUPERVISOR

Agency Name  Supervisor Name (include title)

Address

City  State  Zip

Agency Phone #  Agency Fax  Agency Email

I have read the directions for this internship and understand all the requirements. I understand that failure to attend the internship oral presentations and submit biweekly progress reports, necessary forms, and the final internship summary paper will result in a final grade of U. I also agree to pay all fees associated with this course.

\_\_\_\_\_  
 Student's Signature Date

Approve  Deny  \_\_\_\_\_  
 Site Supervisor Date

Approve  Deny  \_\_\_\_\_  
 Academic Advisor Date

Approve  Deny  \_\_\_\_\_  
 Internship Coordinator Date

# Internship Objectives

*By the completion of the internship, I will be able to:*

1 \_\_\_\_\_

6 \_\_\_\_\_

2 \_\_\_\_\_

7 \_\_\_\_\_

3 \_\_\_\_\_

8 \_\_\_\_\_

4 \_\_\_\_\_

9 \_\_\_\_\_

5 \_\_\_\_\_

10 \_\_\_\_\_

*( Attach separate sheet if there are additional objectives )*

**WHEN FINISHED:** Deliver to Department of Health Sciences & Social Work, Stipes Hall 402.