

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 Name

Supervisor Name (include title)

Address

City

State

Zip

Agency Phone #

Agency Fax

Agency Email

AGENCY / SUPERVISOR

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.