

INTERNSHIP MEMORANDUM OF AGREEMENT

Student Name: _____ Date: _____

Student ID #: _____ Company Name: _____

Address: _____ Address: _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Telephone: _____ / _____ Telephone: _____ / _____

Email address: _____ Email address: _____

Place of Assignment: _____ **Term of Assignment:** _____

Starting Date: _____

Ending Date: _____

Nature of Assignment: _____

Hours of Assignment:

Daily: _____

Weekly: _____

Rate of Pay: _____

Please print names below:

Site Supervisor: _____

Faculty Sponsor: _____

Indicate your medical insurance coverage (Check appropriate line):

North Park Univ.: _____ Parent/Guardian: _____ Other: _____

(Indicate company and policy number, if not with North Park University)

REGISTRATION FOR INTERNSHIP - Student must complete & obtain all signatures.

Name: _____ ID # _____ Date: _____

Department 5970 20 - 20 ; S1 S2 S3 Semester Hours to be awarded: _____
(Acad. Yr.) (circle)

Signatures:

North Park University Faculty Sponsor

School Dean/Divisional Chair

Intern

Site Supervisor

International Student Advisor

American Humanics Advisor

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ALL STUDENTS MUST BRING/SEND A FULLY COMPLETED MEMORANDUM TO CAREER PLANNING SERVICES BEFORE STARTING YOUR INTERNSHIP.

[This section for CPS office use only: Given to Records Office - Date: _____ ; Staff: _____]

PLEASE RETURN THIS FORM TO THE FRONT DESK, SECOND FLOOR, STUDENT SERVICES BUILDING