**Agreement for Internship or Practicum Study**

Student Name



 SSN



Address



Street City State Zip

Telephone: Home



 Business

The following organization/institution has agreed to accept the intern and provide adequate supervision:

Name of Organization

Field Supervisor

Field Supervisor’s email address



Address



Street City State Zip

Telephone:



Area of internship specialization:



Approximate dates of internship: Start Date



End Date



Intern salary or remuneration (as appropriate) $



The internship will be for graduate hours of credit with approximately work

hours spent in the internship situation. (3 credits = 100 hours)

The intern and field supervisor, by mutual agreement, have established learning objectives and activities/strategies for the internship. A copy of these objectives and activities/strategies is attached to this agreement. The intern and field supervisor agree to follow all the guidelines for internships as listed on the information sheets.

Intern



 Date

Field Supervisor



 Date

ETRA Field Experience Coordinator



 Date

Note: This agreement indicates the desire of the intern and the field supervisor to cooperate with NIU in the development of a profitable internship. It does not constitute a contract between NIU and other organizations.

Olha Ketsman, Ph.D.

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