



**School of Interdisciplinary Informatics - Internship Agreement Form**

Prerequisite: Permission of Program Chair/School Director

This form must be completed and signed before the end of the second week of class. Failure to do so may end up in an administrative withdrawal from the course, waiving any refund of tuition.

**Student Information**

Name	_____	Course Name	_____
NU ID#	_____	Credit Hours	_____
Address	_____	Semester	_____
	_____	Year	_____
Telephone	_____	Email	_____

**Business Information**

Firm Name	_____	Contact	_____
Department	_____	Email	_____
Telephone	_____	Fax Number	_____

**Internship Information**

Job Title	_____	Description of Position: _____ _____ _____ _____
Start Date	_____	
End Date	_____	
Hours/Week	_____	

Project Report Due:	_____
Project Evaluation Method:	_____
Employee Evaluation Due:	_____
Project Completion Timetable:	_____
Academic Supervisor/Student Meeting Time:	_____

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Academic Supervisor Signature

\_\_\_\_\_  
Program Chair/Director Signature

\_\_\_\_\_  
Business Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved Disapproved