

**INTERNSHIP AGREEMENT**  
**Department of History**

**College of Charleston**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/e-mail: \_\_\_\_\_

Academic Term: \_\_\_\_\_

Internship Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Organization Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone/e-mail: \_\_\_\_\_

Internship Director: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone/e-mail: \_\_\_\_\_

Hours of work per week: \_\_\_\_\_

Specific Work Schedule:

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Academic credit to be earned (completed by internship director):

Nature of work to be performed by student:

Specific projects to be completed (if applicable):

Signature of student: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of field supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of internship director: \_\_\_\_\_

Date: \_\_\_\_\_

(Signed copies of this agreement are to be kept by all three parties.)