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 ______

Internship 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.

Internship Coordinator
Northern Illinois University
Department of Educational Technology, Research, and Assessment
DeKalb, Illinois 60115-2866
815-753-8339

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