



**UNC
GREENSBORO**

Department of
Interior Architecture

INTERNSHIP AGREEMENT FORM

PERSONAL INFORMATION

Last name:

First name:

Email address:

Phone number:

Street address:

City, State:

Zip Code:

Expected graduate date

INTERNSHIP SITE

Firm name:

Firm type and specialization:

Firm address:

City, State:

Website:

Internship supervisor's Name:

Title:

Supervisor's credentials:

Email address:

Paid position: yes

no

This section should be completed by the Intern and Internship Supervisor together

Anticipated start date:

Anticipated end date:

Number of working hours per week:

(A minimum of 240 hours is required)

RESPONSIBILITIES:

STUDENT LEARNING OBJECTIVES:

(what are you hoping to learn)

TOOLS & RESOURCES:

(provided by internship site to help
achieve learning objectives)

Student name

Signature, date:

Internship Supervisor Name:

Signature, date:

Email a signed copy of the completed form to the Internship Coordinator, Amanda Gale, ajgale@uncg.edu