

Internship Work Agreement

Student Name:	Student ID:
Mobile/ Contact Number:	Student Email:
Faculty Supervisor:	Faculty Contact Number:
Faculty Supervisor Email:	

***FOR SMCCU STAFF Only**

Internship Site:	
Department:	
Location:	
Organization Supervisor:	Telephone:
E-mail:	
Direct Internship Supervisor:	Telephone:
E-mail:	
Receptionist/ Contact Person	Telephone:

Work Plan

Provide a basic description of this internship:

***TO be Filled in by SMCCU Staff**

Agreement

Student: I agree to spend _____ Hours for my internship at the Sheikh Mohammad Centre for Cultural Understanding. Working from 8:30 am to 3:00 pm. Beginning on (Date) _____ Of (month) _____ in order to meet the internship requirement and fulfill the learning objectives. I agree to complete all reports, forms, evaluations, and timesheets required for this internship. I also have reviewed and agree to adhere to the _____ Guidelines for internship.

Student signature (Date signed)

Faculty Supervisor: as the faculty supervisor. I agree to provide academic and on-site support to the above student.

Faculty supervisor's name and signature (Date)

Organization/ Business Supervisor: As the head supervisor of the above student. I agree to guide this student's work and to submit a mid-term and final evaluation of her achievements upon request.

Supervisor/ Manager's Name and Signature (Date)

Direct Internship Supervisor: as a direct internship supervisor of the above student. I agree to guide this student's work and submit a mid-term and final evaluation for her achievements upon request.

Internship Supervisor Name and Signature (Date)