

Internship Contract

Please return via email to Professor Daniel Bernardi at bernardi@sfsu.edu

_____, SFSU ID: _____ on ___/___/_____,
(student name)

agrees to a(n) _____ internship with _____
(company/organization site)

for _____ total hours, to begin on ___/___/_____ and be completed by ___/___/_____.

Based on total hours designated, the intern will register for _____ semester hours of academic credit.

Site supervisor: _____

Phone: (____) ____ - _____

E-Mail: _____

INTERNSHIP HOURS

Please designate the approximate days and times the intern normally would be expected to be on the job.

Monday _____	Tuesday _____	Wednesday _____
Thursday _____	Friday _____	Saturday _____
Sunday _____		

INTERNSHIP DESCRIPTION

The intern and the organization agree on the following or attached general job description or statement of goals. As specifically as possible, this statement should indicate what the intern will be expected to do or accomplish during the internship in order to meet both organizational and academic goals.

(Intern's Signature)

(Supervisor's Signature)

(Print Name)

(Print Name)

(Cinema Internship Coordinator's Signature)

(Print Name)