



Student Name: \_\_\_\_\_ C-Number: \_\_\_\_\_

Internship Start Date: \_\_\_\_\_ Intended Completion Date: \_\_\_\_\_ Term/Year: \_\_\_\_\_

Academic Program: -GHS -LAS -MAIA -MALS -MSDS -Other

**INTERNSHIP SITE INFORMATION:**

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

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

Telephone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Internship Site Supervisor's Name: \_\_\_\_\_

Internship Site Supervisor's Title: \_\_\_\_\_

**Internship Description:** Approval from your Faculty Director, Internship Site Supervisor, and the Assistant Dean are required before you start your internship \* International students: CPT/OPT must be approved PRIOR to registering for the internship course. Failure to do so will jeopardize your visa status.

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

Duties/Responsibilities: (Please attach additional sheets as necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Schedule: \_\_\_\_\_ (please circle one): Paid / Unpaid

Once you have obtained your Faculty Director & Site Supervisors signatures, sign this contract and send it to Jeanne Luis Interim Director, [jluis@miami.edu](mailto:jluis@miami.edu) for her signature. She will add this document to your student file and send a copy to you.

<b>REQUIRED SIGNATURES:</b>			
_____	_____	_____	_____
Faculty Director	Site Supervisor	Student	Assistant Dean
Date: _____	Date: _____	Date: _____	Date: _____