

Loyola Marymount University

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CAREER DEVELOPMENT SERVICES-INTERNSHIP AGREEMENT FORM

Student Name: _____	Student #ID: _____
Address: _____	City, State: _____ Zip: _____
Phone: _____	Email: _____
Major: _____	Gender (Optional): M/F (Circle one)
Class Level: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student
Ethnicity: <input type="checkbox"/> African-American, <input type="checkbox"/> Asian-American, White/Caucasian, <input type="checkbox"/> International, <input type="checkbox"/> Multiethnic	<input type="checkbox"/> Latino/Latina, <input type="checkbox"/> Native American, <input type="checkbox"/> Pacific Islander, <input type="checkbox"/> Other _____

Internship is for (Check One): Personal Study Independent Study Academic Credit
(If for credit, please indicate) Faculty Name: _____

Course #: _____ Course Name: _____

How did you find internship? Internship Office Lionjobs, Faculty Other: _____

Internship Title: _____	Type of Organization: <input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit
Start Date: _____	End Date: _____
Name of Organization: _____	
Address: _____	City, State: _____ Zip: _____
Phone: _____	Email: _____
Is this internship Paid / Unpaid: (Circle One)	Wage rate: \$ _____ per hour, Hrs needed _____ per week

Meaningful Responsibilities/Supervisor's expectations:

Training Objectives- Identify 3-5 training expectations, skills you want to learn and develop:

(Internship Director/Specialist will sign after all required signatures are present)

_____ Student	_____ Date:	_____ Internship Supervisor	_____ Date:
_____ Faculty	_____ Date:	_____ LMU Internship Director/Specialist	_____ Date:

AGREEMENT FORM DUE IN INTERNSHIP OFFICE WITHIN 10 DAYS AFTER START OF INTERNSHIP
WHITE COPY- Internship Office **YELLOW COPY-** Internship Site **PINK COPY-** Faculty **GOLD COPY-** Student