WSGS INITIAL INTERN AGREEMENT

Interns: Complete this form in discussion with your supervisor by the end of your first week of work. Return this form to your Internship Coordinator immediately to officially start your internship.

Intern’s Name: ________________________________________________

Organization: ____________________________________________________

Supervisor: ______________________________________________________

Internship Start Date: ________________ Completion Date: ____________

Hours/Days: __________________________

Intern Job Description (can also attach job description if more space is necessary):

INTERN’S PRIMARY LEARNING GOALS FOR THIS INTERNSHIP: (Describe specific skills and knowledge that intern will acquire by doing):

Learning Question (Research Interview Focus):