

# Internship Agreement

**Student Information:** Student WSCC ID#: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

## *Criminal Justice Students Only*

Date of Birth: \_\_\_\_\_ Student ID# \_\_\_\_\_ Driver's License# \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Emergency Contact Telephone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy# \_\_\_\_\_

## *Employer Information:*

Company/Org. Name: \_\_\_\_\_ Wages paid to Intern: Unpaid  Paid

Supervisor Name: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

## *Program Information and Authorization:*

WSCC Program of Study: \_\_\_\_\_ Course Name: \_\_\_\_\_

Dept: \_\_\_\_\_ Course#: \_\_\_\_\_ Section#: \_\_\_\_\_ 3 Credits : 96 Hours  6 Credits: 192 Hours

Expected Date Internship Begins: \_\_\_\_\_ Expected Date of Completion: \_\_\_\_\_

Instructor Authorizing Internship Registration: \_\_\_\_\_

**Student** Signature:

\_\_\_\_\_ DATE: \_\_\_\_\_

**Faculty / Director** Signature:

\_\_\_\_\_ DATE: \_\_\_\_\_

**Dean** Signature:

\_\_\_\_\_ DATE: \_\_\_\_\_

**Employer** Signature:

\_\_\_\_\_ DATE: \_\_\_\_\_

## *Criminal Justice Students Only*

\_\_\_\_\_ I have read and understand the above  
*Waiver of Liability and Release* statement.

\_\_\_\_\_ I have already received the vaccination for  
hepatitis B

\_\_\_\_\_ I have read and understand the above  
*Hepatitis B Declination Statement*.

NOTARY Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

### **Note:**

Any erroneous or false information provided in this application shall be grounds for dismissal from the internship program.

### *Student Services Office Use Only*

Class Entered by: \_\_\_\_\_