

Internship Contract
Women's Studies Internship Program

Department of Women's Studies
San Diego State University
San Diego, CA 92182-6030
Ph: 619.594.8033, fax: 619.594.5218

Date: _____

Student's Name: _____

Student's local address: _____

Student standing (e.g. senior, graduate, etc.) _____

Student's telephone number: _____

Student's e-mail address: _____

SDSU Faculty Advisor: _____

Faculty Phone number: _____ fax: _____

Faculty e-mail: _____

Internship Organization: _____

Address: _____

Supervisor: _____

Supervisor Phone number: _____ Fax: _____

Supervisor e-mail: _____

Start and end dates of internship: _____

Hours to be worked per week: _____ Pay involved (if any) _____

Briefly describe the training and orientation the student will receive:

Briefly describe the proposed work (attach a separate sheet if necessary):

Signature of supervisor: _____ date: _____

Signature of student: _____ date: _____

Signature of WS faculty: _____ date: _____