

# 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: \_\_\_\_\_ Red ID: \_\_\_\_\_

Student standing (e.g. senior, graduate, etc.): \_\_\_\_\_

Student's local address: \_\_\_\_\_

Student's telephone number: \_\_\_\_\_

Student's e-mail address: \_\_\_\_\_

Student's emergency contact name and number: \_\_\_\_\_

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): \_\_\_\_\_

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Briefly describe the training and orientation the student will receive:

Briefly describe the proposed work (attach a job description or other sheet if necessary):

Signature of supervisor: \_\_\_\_\_ date: \_\_\_\_\_

Signature of student: \_\_\_\_\_ date: \_\_\_\_\_

Signature of WS faculty: \_\_\_\_\_ date: \_\_\_\_\_

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