

INTERNSHIP CONTRACT- CREDIT

Felician College • Career Development Center • Rutherford Campus • One Felician Way, Rutherford, NJ 07070

(P) 201-559-3194 • (F) 201-559- 3041 • (E) pianellia@felician.edu

It is the student's responsibility to complete this form, obtain necessary signatures, and return to our office.

Name: _____ Major: _____

GPA: _____ Anticipated Graduation (Month/Year): _____ / _____

Phone : _____ E-mail : _____

Please Circle One:

Credits: 1 (40 hours) 2 (80 hours) 3 (120 hours) 6 (240 hours)

Semester: Fall Spring Summer Year _____

Course: Non-paid Paid If yes, rate (dollars per hour) _____

Internship Site: _____

Supervisor's Name: _____ Job Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone _____ Fax: _____ E-Mail: _____

Intern Job Title: _____

Start Date: _____ End Date: _____ Total hours per week: _____

Signatures:

Student: _____ Date: _____

Site Supervisor: _____ Date: _____

Faculty Advisor: _____ Date: _____

Internship Coordinator: _____ Date: _____

Associate Dean of Division: _____ Date: _____

Learning Outcomes Received: (Career Development Center use) _____ Date: _____

Original to: Internship Coordinator
Copies to: Office of the Registrar, Faculty Advisor and Student