Contract for Internship with Wright State University Student

Name of Organization: __________________________________________________
(please print)

Name of Internship Supervisor: _________________________________________
(please print)

Name of Student: ______________________________________________________
(please print)

Paid or Unpaid: _________________________________________________________

Compensation amount if paid: __________________________________________

The said parties hereby agree to the following:

**Responsibilities of Intern:**
(please use bullets & include schedule)

**Responsibilities of Internship Supervisor:**
(please use bullets)

This contractual agreement is entered into by the following:

________________________________________    _____________
Internship Supervisor                     Date

________________________________________    _____________
Intern                                      Date