

Internship Faculty Supervisor:
Dr. Howard Frank – Department Chair
11200 SW 8th Street, PCA 269A, Miami, FL 33199
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Internship Proposal Agreement

Student information				
Student name:			Panther ID:	
Address:				
Phone:				
Email:				
Grade Level:				
Time Schedule				
Semester:			Year:	
Start date:			End date:	
Hours per week:			# of credits:	
Internship Location				
Organization Name:				
Address:				
Phone:			Fax:	
Email:				
Internship Supervisor N	ame:			
Internship Supervisor T	itle:			
Type of Organization Government	Nonprofit	Education	Other	
Type of Internship				
Paid		Unnaid		

Assignment Nature In this section, the intern should describe the mission of the placement organizations, its clients, and its structure. The intern should also attach a detailed job description and explain where the internship position falls in the organization. This section should be about 1-page long.

Required Signatures

Student	Signature	Date
Internship Supervisor	Signature	Date
Internship Faculty Supervisor	Signature	Date