

**UNIVERSITY LIBRARIES**

**Internship Agreement**

**TO BE COMPLETED BY THE INTERN:**

Name: \_\_\_\_\_ PSU ID# \_\_\_\_\_  
(if applicable)

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ PSU Access ID (if applicable) \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

**TO BE COMPLETED BY THE SUPERVISOR:**

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Brief summary of internship assignment, learning objectives and goals:

Type of Internship: \_\_\_Paid \_\_\_Unpaid \_\_\_For Credit \_\_\_Not for Credit

Approximate # of hrs./week \_\_\_\_\_ Pay Rate (if applicable) \$\_\_\_\_\_/hr.

This agreement is valid from \_\_\_\_\_ to \_\_\_\_\_

**TO BE COMPLETED BY INTERN AND SUPERVISOR:**

As an intern, I understand and agree to the above and have read the "Information for Interns" provided to me and understand the terms of this relationship.

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date