

Internship Agreement

Agency Name:

Address:

Phone Number:

Staff Mentor or Internship Supervisor:

Email address:

Pay rate (if applicable):

Intern Name:

Intern email:

Intern Address:

Beginning Date: _____ Ending Date: _____

The undersigned representatives of the agency named above agree to provide an internship opportunity to _____, a student at the University of Florida. The student agrees to work _____ hours per week during the _____ semester. The assigned duties should pertain to Latin American, Caribbean, or Latino Studies, and should not be primarily clerical in nature.

The assigned duties are as follows:

The Internship Supervisor agrees to submit a written evaluation of the intern's performance to the UF instructor of record within the last two weeks of the internship semester.

Signatures

Intern: _____ Date _____

Host Agency: _____ Date _____

UF Instructor of Record: _____ Date _____

LAS Graduate or Undergraduate Coordinator: _____ Date _____