

**University of Evansville**  
**Health Services Administration Program**  
**Internship Agreement**

1. Student's Name \_\_\_\_\_ e-mail address \_\_\_\_\_  
Student ID No. \_\_\_\_\_
2. Address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)
3. Telephone number ( ) \_\_\_\_\_
4. Major \_\_\_\_\_
5. Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Supervisor Telephone Number ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Company Telephone for Student ( ) \_\_\_\_\_
6. Does the employer require a certificate of insurance from the University? \_\_\_\_\_
7. If yes, to whom should it be sent? \_\_\_\_\_  
\_\_\_\_\_
8. Dates of Internship: From \_\_\_\_\_ to \_\_\_\_\_
9. Internship Course Credit for \_\_\_\_\_ Credit Hours
10. Total Number of Student Hours to be Spent at Internship Site \_\_\_\_\_ Hours
11. Estimated Hours per Week on the Job \_\_\_\_\_
12. List of Internship's Work Tasks (Used as the Basis for Student Evaluation.)
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Company  
Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_  
University Internship Director \_\_\_\_\_ Date \_\_\_\_\_