



Environmental Health Science

College of Public Health

UNIVERSITY OF GEORGIA

Professional Internship Training Agreement

(not a binding contract, but a statement of agreement and understanding)

Student information

Name: _____ Email: _____

Mailing address: _____

Phone: _____ Credit hours: 3 (180+ hours) 6 (300+ hours)

Term: Summer Fall Spring Year: _____

Employer information

Name of provider: _____

Site address: _____

Mailing address (if different than above): _____

Direct supervisor
name(s): _____

Phone: _____ Email: _____

Internship Information

Start date: _____ End date: _____ Work schedule: _____

Responsibilities and duties:

Educational objectives:

Criteria for performance evaluation (other than UGA B.S.E.H. mid-term and final evaluation forms):

Please discuss and check the pertinent items below:

Compensation

Policy for missing work (due to illness, or vacation)

Policy for late arrival

Dress code

Transportation

Confidentiality

Safety

Down-time activities

Supervision / independent work

Orientation and training

Overtime

How to address supervisors

Once the internship is complete:

- 1) Would you like to see a copy of the student's internship report? Y N
- 2) Would you like to see a copy of the student's resume (updated w/ internship information)? Y N

The undersigned agree to conform to this agreement and two weeks' notice must be given to all three parties before the agreement is terminated.

Student signature: _____ Date: _____

Employer / Supervisor signature: _____ Date: _____

UGA B.S.E.H. Internship signature: _____ Date: _____