



Claremont Graduate University Internship Student Agreement Form

Claremont Graduate University anticipates that the internship experience provides each student, with a valuable opportunity to apply and augment the knowledge obtained in the classroom. **You are required to complete a min. of 100 hours during the course of your internship.** This form must be submitted for approval before you begin your internship.

Student Name (please print)

Department

Name of Faculty Advisor (please print)

Number of Units Requested

Term:

Internship Organization Name & Location

Name of Supervisor (please print)

Total Hours to be Worked

Anticipated weekly schedule

Paid/Unpaid

If paid, describe method

Please attach internship description from organization/agency (on letterhead) to this form before returning to Arts & Humanities office.

Student Signature: _____

Date:

Internship Supervisor Signature: _____

Date:

Departmental Approval: _____

Date: