



## Position Description & Agreement

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Organization Providing Internship

Name of Organization: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Web Site: \_\_\_\_\_

Email: \_\_\_\_\_

Brief Description of Organization: \_\_\_\_\_

### Internship Specifications

Internship Title: \_\_\_\_\_

Description of Responsibilities: \_\_\_\_\_

(Please be as specific as possible)

Compensation: Paid: \$\_\_\_\_ Unpaid  
Schedule: Full time Part time \_\_\_\_\_ hrs/week

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

\* Please note that students seeking academic credit for an internship are required to work a minimum of 150 working hours or receive prior approval of internship coordinator. Additionally, the student must register for the corresponding internship course at the UAB Collat School of Business.

### Goals/Learning Objectives Established with Intern

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Supervisor Signature