



CSUSB Public and Oral History Program Contract

Intern Name: _____ Student ID: _____

Intern Contact (phone/cell/email): _____

Intern Emergency Contact (name/phone): _____

Internship Location: _____

Host Organization Internship Supervisor (name/title): _____

Phone _____

Email: _____

Academic Term: _____

Estimated Hours for Internship: _____

Intern duties: _____

Expected end product:

Work Schedule:

_____ I have read and understand the internship guidelines and grading criteria and agree to the terms of this internship. (Student initials)

Student Signature: _____ Date: _____

Host Internship Supervisor: _____ Date: _____

CSUSB Internship Coordinator: _____ Date: _____