

**School of Business Internship Contract**

**Interns:** Please complete your internship contract with the help of your academic advisor, internship supervisor (employer), and internship coordinator.

**INTERN INFORMATION**

Name:	SMU ID:
Current mailing address:	
Email address:	Phone number:

**ACADEMIC INFORMATION**

Internship coordinator:		Credit request (1-6):	
Semester:	Session:	Course ID:	Section:

**INTERNSHIP SUPERVISOR (EMPLOYER) INFORMATION**

Business name:	Supervisor's name:
Email address:	Phone number:
Start date:	End date:
Estimated hours/week:	Hourly rate of pay:

**INTERN/JOB DESCRIPTION (may be attached)**

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**ACADEMIC GOALS AND OBJECTIVES** (Interns should develop at least three specific and measureable goals with their academic advisor)

1.
2.
3.

**REQUIRED SIGNATURES** (Must be completed in the order they are presented.)

Intern:	Date:
Supervisor:	Date:
Advisor:	Date:
Internship Coordinator:	Date:
Dean:	Date:

International students must discuss their internship opportunities with the Office of International Programs.

Signature of OIPD Representative: \_\_\_\_\_