



TUFTS UNIVERSITY

Department of Urban and Environmental
Policy and Planning

INTERNSHIP AGREEMENT

Your Name:

Sponsoring Organization:

Name of Contact/Supervisor:

E-Mail:

Address:

Type of Organization:

Length of internship: From To

Days per week: Hours per day:

Remuneration:

Expected duties:

- | |
|---|
| <ol style="list-style-type: none">1. Attach additional pages if you need to.2. Please keep a copy of this agreement. |
|---|

Expected products or outcomes:

Learning goals:

Student signature

Supervisor signature

UEP Coordinator of Field-based
Education Signature

Date: _____

Supervisor Name (please print)

Date: _____

Medford, Massachusetts 02155
(617) 627-3394
Fax: (617) 627-3377

Date: _____