Internship Contract
Water: Systems, Science and Society Program

Return this form to Prof. Paul Kirshen, WSSS Director, and forward copy to School Coordinator.

Student Information: (please print)
Student Name: ________________________________________ Student ID Number: _______________
School and Degree Program: _____________________________________________________________

Internship Information: Start Date: ______________ End Date: ____________

Organization
Program/Site

Name of Site Supervisor    Email    Phone

Work Description: ________________________________________________________________

Learning Objectives: ______________________________________________________________

Time Commitment: _______ hours total ( ______ hours per week for _______ weeks)

Student Compensation:

___ Stipend provided by internship organization    Total amount of stipend: __________________

Payment Schedule:    ___Monthly    ___Weekly    ___Other:

___ Other support provided by internship organization

___ Housing    ___Travel expenses    ___Other:

Signatures
Student: ________________________________________    Date: __________________
WSSS School Coordinator: ________________________________________ Date: __________________
WSSS Director: ________________________________________ Date: __________________
Internship Supervisor: ________________________________________ Date: __________________

___ Supplementary stipend from WSSS    Total amount of stipend: __________________

___ No supplementary stipend authorized