

# English 4640: Internship Agreement

Student Name: \_\_\_\_\_ / \_\_\_\_\_  
Print or Type Signature

University ID #: \_\_\_\_\_

UofM email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Semester of registration in English 4640: \_\_\_\_\_

Internship location/community partner (including a very brief description of the organization):

Work will begin on \_\_\_\_\_ and end on \_\_\_\_\_  
(Approximate dates are acceptable.)

## APPROVED BY:

### Internship Site Supervisor

\_\_\_\_\_/\_\_\_\_\_  
Name - Print or Type Signature

Date: \_\_\_\_\_

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

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

**Rachel Kaplowitz Cantrell,  
English Internship Coordinator**

\_\_\_\_\_/\_\_\_\_\_  
Signature Date:

*This contract must be approved before you will receive a permit to register for English 4640.*

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ CRN Number: \_\_\_\_\_

Permit Issued: \_\_\_\_\_ Section Number: \_\_\_\_\_