

Internship Placement Agreement

Department of Health and Wellness Services
Western Illinois University

(Please type responses onto this form before submitting.)

INTERN INFO

First and Last Name

First and Last Name

WIU ID

WIU ID #

Street Address

Street Address

City

City

State

State

Zip

Zip

Phone

Phone #

Email

Email

Fall ☐

Spring ☐

Summer ☒

Year

Year

☒ Grad

☐ Undergrad

☐ Community Health Education (CHE)

☐ Environmental & Occupational Safety (EOS)

☒ Health Services Management (HSM)

☐ Public Health (PH)

Start Date

Start Date

Agency Name

Agency Name

Supervisor Name (include title)

Supervisor Name (include title)

Address

Address

City

City

State

State

Zip

Zip

Agency Phone

Phone #

Agency Fax

Fax

Agency Email

Email

AGENCY / SUPERVISOR

I have read the directions for this internship and understand all the requirements. I understand that failure to attend the internship oral presentations and submit biweekly progress reports, necessary forms, and the final internship summary paper will result in a final grade of U. I also agree to pay all fees associated with this course.

Student's Signature

Date

Approve ☐ Deny ☐

Site Supervisor

Date

Approve ☐ Deny ☐

Academic Advisor

Date

Approve ☐ Deny ☐

Internship Coordinator

Date

Internship Objectives

By the completion of the internship, I will be able to:

1 _____

6 _____

2 _____

7 _____

3 _____

8 _____

4 _____

9 _____

5 _____

10 _____

(Attach a separate sheet if there are additional objectives)

WHEN FINISHED: Deliver to Dr. Lorette Oden, Sherman Hall 317