



LUTGERT COLLEGE OF BUSINESS

Internship Agreement

STUDENT (please print)

Name
Address
City State Zip
Phone FGCU Email
Major Courses Completed
Overall GPA Major GPA

ORGANIZATION/COMPANY (please print)

Organization/Company Name
Address
City State Zip
Supervisor Name Title
Phone Email

INTERNSHIP POSITION (Organization/Company to complete)

Internship Position Title

Note: Must attach a copy of the internship position description.

Beginning date Completion date Total hours to be worked

Note: Academic internship requires 120 to 150 hours working at an approved site for a 10 to 12 week period.

Note: Online Student Intern Evaluation to be completed at http://www.fgcu.edu/CoB/internships.html

Will the intern be paid? yes no \$ per

APPROVAL SIGNATURES

Student Signature Date

Organization/Company Internship Supervisor Signature Date

FGCU Faculty Internship Supervisor Signature Date