



INTERNSHIP AGREEMENT INFORMATION FORM



Company Information	
Company Name:	
Internship Supervisor Name:	
Supervisor's Email & Phone Number and Emergency contact details	
Internship Position Title:	
Internship modality (Remote/Onsite/Hybrid)	
Proposed Start Date:	Proposed End Date:
Estimated Weekly Work Hours for intern:	
Internship Location / Office Address:	
Company Website:	
Intern Information	
Intern's Full Name:	
Intern's Email and Phone:	
Intern's Address:	

Signature of the Company Representative

Signature of the Internship Supervisor

Signature of the Intern

Date