

**University Migrant Services/Garabedian Internship Program
Training Agreement**

Semester/ Year

Student Information

Name: _____ PS#: _____

 Last First

Address: _____

 City State Zip Phone

Major: _____ Email: _____

Placement Site Information

Employer Name: _____

 Name Title

Placement Site: _____

Mailing Address: _____

 City State Zip

Phone: _____ Fax: _____ Email: _____

Training Information

Project Description: _____

Minimum qualifications needed: _____

Skills and competencies to be learned by end of Internship: _____

Number of hours per week: _____ Start Date: _____ End Date: _____

Student Signature/Date

Supervisor Signature/Date