

MEMORANDUM OF UNDERSTANDING FOR MSCM INTERNSHIP
Please type in the requested information

Name and Contact Information of the student:

Name: _____
Address: _____
 Street City State Zip Code
Phone Number: (Work) _____ (Cell) _____
E-mail: _____
Gender: _____ Race: _____
KSU ID: _____

Name and location of internship site:

Name: _____
Web site: _____
Address: _____
 Street City State Zip Code

Site contact person:

Name: _____
Title: _____
Phone Number: (Work): _____ (Cell): _____
E-mail: _____
Mailing Address: _____
 Street City State Zip Code

Start Date: _____ **End Date:** _____

Hours per week: _____ **Paid/ Unpaid:** _____ **Rate:** _____

The proposed duties of the intern: _____

Student Signature

Date

Site Supervisor Signature

Date

Faculty Advisor Signature

Date