



## Description of Internship Position and Supervisor Agreement

Intern Name: \_\_\_\_\_ UID: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Intern Supervisor and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title of Internship Position: \_\_\_\_\_

Period of Internship: \_\_\_\_\_ to \_\_\_\_\_

Hours per week: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Description of Internship Position:

---

---

---

---

---

---

---

---

### RELEASE OF CLAIMS

The undersigned Employer and Student Intern hereby release and forever discharge ILLINOIS STATE UNIVERSITY, its employees and subdivisions from all claims and demand of any nature arising from this internship or any activities related to this internship.

Student Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Katie School Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_