



INTERNSHIP AGREEMENT

I, hereby _____ (Name of Business) agree to receive the student _____ (Name of Student) who will do his/her internship for a minimum time of two months, in the area of _____.

During this period the student will be supervised by _____ (Person in charge).

Observations and Recommendations:

Signature:

Business:

Person in Charge:

Email

Phone Number:

Date: