

# Undergraduate Internship Contract

## Student Information

Student Name: \_\_\_\_\_ USC ID: \_\_\_\_\_

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

Major: \_\_\_\_\_

## Course Information

Term: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer Year: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Subject Code: \_\_\_\_\_ Course Number: \_\_\_\_\_ Section Number: \_\_\_\_\_ CRN: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ USC ID: \_\_\_\_\_

## Internship Details

Location and On-Site Supervisor Name/Phone Number:

Description of Internship (Conditions, Duties, Hours, Etc.):

Objectives (What new skills and/or information will the student acquire?):

Textbooks, Readings, or Other Resources to be Used:

Method of Evaluation:

## Approval Signatures

I understand that completion of this form does not constitute registration, and that I must register for this course in the usual manner. Student is to submit completed copy to the Office of the University Registrar to complete registration.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Academic Dean Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office of the University Registrar**  
Columbia, SC 29208 | registrar@sc.edu



UNIVERSITY OF  
**South Carolina**