



Opportunity Education

**PATHWAYS  
PROGRAM™**

# Internship Agreement

## 1. Internship Information

*To be completed by the Internship Coordinator*

<b>Student Intern:</b>		<b>Phone:</b>	
<b>Internship Coordinator:</b>		<b>Phone:</b>	
<b>Internship Site:</b>			
<b>Site Supervisor:</b>		<b>Phone:</b>	
<b>Brief description of internship:</b>			
<b>Internship Start Date:</b>		<b>End Date:</b>	
<b>Weekly Schedule:</b>			
<b>Anticipated Hours Earned:</b>		<b>Transportation:</b>	