



EASTERN CONNECTICUT STATE UNIVERSITY

83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

ECSU BUS/ACC Department Internship Contract/Learning Plan

Student:	Date:
Address:	
Phone Number:	Cell:
Email Address:	

Hours Agreed Upon:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Host Company:	
Address:	
Supervisor:	Title:
Email Address:	Phone:

Objectives, desired learning experiences, anticipated responsibilities (*agreed upon by student and supervisor*):

1.
2.
3.
4.
5.

Signatures:

Student/Intern:	Date:
Supervisor:	Date:
Internship Coordinator:	Date: