



DEPARTMENT OF ANTHROPOLOGY
ENGLEMAN HALL, C 027A
SOUTHERN CONNECTICUT STATE UNIVERSITY

INTERNSHIP ANT 497 CONTRACT

NAME (LAST, FIRST): _____

MAJOR CONCENTRATION: _____ SCSU ID#: _____

ADDRESS DURING INTERNSHIP: _____ PHONE: _____

AGNECY CONTACT PERSON: _____ PHONE: _____

AGENCY ADDRESS: _____

INTERNSHIP INFORMATION

SPECIALIZATION/TITLE (*Brief Description*):

DAY(S) OF WEEK: _____

CONTACT HOURS PER WEEK: _____ TOTAL CONTACT HOURS: _____

TOTAL NUMBER OF WEEKS: _____ NUMBER OF CREDITS: _____

SEMESTER YEAR: 20 _____

SEMESTER: FALL SPRING SUMMER
PLEASE CIRCLE ONE

SESSION: A B C
IF APPLICABLE CIRCLE ONE

WINTER

SUMMARY OF INTERNSHIP

Attach a summary of what student will be doing as an intern. Outline how the number of contact hours will be met, who is responsible for supervision and how a grade will be assessed.

SIGNATURES AND DATE SIGNED

STUDENT: _____ DATE: _____

FACULTY SPONSOR: _____ DATE: _____

AGENCY SUPERVISOR: _____ DATE: _____

ANTHROPOLOGY CHAIR: _____ DATE: _____

DEAN OF ARTS AND SCIENCES _____ DATE: _____