

Part 1: Personal Information

Student Name: _____ Person Number: _____

Email Address: _____@buffalo.edu Telephone: _____

Class Year (FR/SO/etc.): _____ Expected Graduation Date: _____

Major(s): _____ Accepted Intended

Minor(s): _____

Local Street Address _____ City _____ State _____ Zip _____

Cell Phone _____ Cumulative GPA _____

Name of Organization _____

Organization Address _____

Organization Telephone _____ Website _____

Total Hours Expected: _____ # of credits _____ Dates of Service: _____

Explain how this internship fits into your career or academic plans:

Part 2

Agreed Upon Work Schedule at the Agency:

Days	Hours
_____	From _____ to _____
_____	From _____ to _____
_____	From _____ to _____
_____	From _____ to _____
_____	From _____ to _____

Will this be a paid internship experience? (Please circle one): Yes No

List on the lines below the specific tasks assigned to you by your supervisor and to which you agreed. (PLEASE PRINT OR TYPE. Use reverse side, if necessary).

Part 3

The Honors College can offer you one credit hour for every 45 hours that you work. The ratio of 45 hours worked for each credit hour is consistent with the requirements for academic credit across all academic departments at UB.

To the Supervisor: This student has chosen to complete a 45 hour minimum co-op or internship experience with your organization. This co-op/internship will meet one of the student's Honors College Experience requirements. Please complete and sign this form and return it directly to the student. It will be placed into the student's file.

Supervisor's Name _____

Supervisor's Title _____

Supervisor's Phone Number _____ Email: _____

Supervisor's Signature _____

Submission: This contract may be turned in with all required signatures electronically to jgorski3@buffalo.edu or at the University Honors College front desk at the address below during regular business hours.

Please contact Jessica Gorski with questions: jgorski3@buffalo.edu

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