

Howard University
School of Education
Department of Educational Administration and Policy

INTERNSHIP AGREEMENT

Candidate: _____ Semester: _____ Year: _____
(Please print or type)

Address: _____
(Street, City, Zip Code)

Telephone: _____ Fax: () _____ - _____

Preferred email address: _____

This candidate is enrolled in a graduate program leading to a Doctor of Education degree in the Howard University, School of Education. This document confirms a formal agreement between the field supervisor and the candidate for the candidate to engage in a mentored experience in accordance with requirements of the program. The candidate will be awarded six (6) graduate credit hours upon successful completion of the internship.

Internship Timeframe: Beginning _____ and ending _____.

Field Supervisor: _____ Position _____
(Please print or type)

Internship Site: _____
(School or Organization)

Address: _____
(Street, City, Zip Code)

Internship Site Telephone () _____ - _____ Fax: () _____ - _____

Email Address of Field Supervisor: _____

SIGNED: _____ **DATE** _____

(Candidate) _____

(Field Supervisor) _____

(Department Internship Coordinator) _____