Internship Placement Agreement

Street Address City State Zip Phone # Email Sall Spring Summer Community Health Education (CHE) Fear Grad Undergrad Environmental & Occupational Safety (Include title) Agency Name Supervisor Name (include title) Agency Phone # Agency Fax Agency Email City State Zip Agency Phone # Agency Fax Agency Email Agency Phone # Agency Fax Agency Email City State Zip Agency Phone # Agency Fax Agency Email City State Zip Agency Phone # Agency Fax Agency Email Agency Fax Agency Email City State Zip Agency Email Date Student's Signature Date Date			WIU ID #		
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Academic Advisor Date	tudent's Signature				

Internship Objectives

By the completion of the internship, I will be able to:

1 — 6 —

2 _____ 7 ____

3 _____ 8 ____

4 — 9 —

5 _____ 10 ____