

**Soka University of America**  
**Office of Career Development & Internships**

1 University Drive ♦ Aliso Viejo, CA 92656

♦ Tel: 949-480-4140 ♦ Fax: 949-480-4243 ♦ E-mail: [jwray@soka.edu](mailto:jwray@soka.edu)



## SUA Internship Agreement

Participating in an internship is an essential part of preparing students with the tools necessary to succeed in their desired profession, while positioning them for a premier opportunity in the job market. In preparation for the internship, we ask that supervisors and students meet to discuss and fill out the agreement provided below to support better clarification of agency expectations and professional development planning for the students. Following the completion of the program, both supervisors and students are asked to complete internship evaluation forms. Should you have any questions or concerns, please contact Alisa Proctor, Asst. Director of Internships at 949-480-4406 or via [aproctor@soka.edu](mailto:aproctor@soka.edu).

### STUDENT INFORMATION:

Name:

|                |       |      |       |                |       |      |
|----------------|-------|------|-------|----------------|-------|------|
|                | _____ | Last | _____ | First          | _____ | M.I. |
| Student ID:    | _____ |      |       | Class of (Yr): | _____ |      |
| Concentration: | _____ |      |       | Cell Phone:    | _____ |      |
| Current GPA:   | _____ |      |       | E-mail:        | _____ |      |

### AGENCY/ORGANIZATION INFORMATION:

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

|             |       |      |                |       |       |          |
|-------------|-------|------|----------------|-------|-------|----------|
| _____       |       |      | Street Address |       |       |          |
| _____       |       | City | _____          | State | _____ | Zip Code |
| Supervisor: | _____ |      | Title:         | _____ |       |          |
| Phone:      | _____ |      | E-mail:        | _____ |       |          |
| Cell Phone: | _____ |      | Fax:           | _____ |       |          |

Is this a paid, unpaid, or work study position?

☐ Paid ☐ Unpaid ☐ Work Study  
If applicable: (\_\_\_\_\_\$/hour)

Start Date: \_\_\_\_\_ End Date (Office use): \_\_\_\_\_ Hrs/Wk: \_\_\_\_\_ Total Hrs (Office use): \_\_\_\_\_

Tentative Work Schedule: ☒ ~~S~~chedule: ☐ ~~M~~onday. ☐ ~~T~~uesday. ☐ ~~W~~ednesday. ☐ ~~T~~hursday. ☐ ~~F~~riday  
**Weekend**

Time In: \_ : \_ : \_ : \_ : \_ : \_ :

Time Out: \_ : \_ : \_ : \_ : \_ : \_ :

**Soka University of America**  
**Office of Career Development & Internships**

1 University Drive ♦ Aliso Viejo, CA 92656

♦ Tel: 949-480-4140 ♦ Fax: 949-480-4243 ♦ E-mail: jwray@soka.edu



Briefly discuss and outline the following expectations for this internship placement.

**Position Title:** \_\_\_\_\_

**Learning Objectives** (As a student, what would you like to learn about this working setting and profession? As an employer, what do you plan to teach your intern about this field?)

**GENERAL AGREEMENT:**

I understand the purposes and procedures involved in the internship relationship and agree to abide by the agreements specified above.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency/Organization Intern Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SUA Director of Career Development & Internships

\_\_\_\_\_  
Date

SUA Internal: Internship Complete on \_\_\_\_\_(date)