

Quarter _____ Year _____
Begin _____ End _____
of credits ____ Hours per week _____
Total # of hours _____

Internship Contract

Museum: _____ Dept. (if applicable) _____

Supervisor at the museum: _____ Supervisor Email _____

Student's Name: _____ Student's Email address: _____

Student's Mailing Address: _____

City, State, Zip Code: _____

Student Cell Phone #: _____ Other phone #: _____

Date of Birth (mm/dd/yyyy): _____ Auto Year/Make/Color: _____

Emergency Contact: _____ Phone #: _____

University/College Information

Sponsoring Professors:

Dr. Judith Pine e-mail address: pinej@wwu.edu

Mailing Address: WWU; Department of Anthropology MS-9083; 516 High Street, Bellingham, WA 98225

Phone #: (360) 650-3620 **Office:** AH 315

Student's Class & Work Schedule:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Museum Intern Hours:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

***** MUSEUM USE ONLY *****

Copies of this form to:

Supervisor _____ [Orientation _____/Date _____ Name Tag _____]

Accounting Dept. _____ [copy of Driver's License _____ Info Form _____]

Security _____ [reference/security check _____/ Date _____]

Project Description and/or list of tasks that will be assigned:

Method of Evaluation: (See Internship Description and Evaluation Form that your supervisor will be completing.)
90% of a student's final grade is based on the evaluation of the student's supervisor, 10% of the final grade is based on written work submitted to the sponsoring professor.

Signatures:

Dates:

Student _____

Supervisor _____

Professor _____

Any changes to the contract during the internship must be approved by all three parties named above.