Disability Studies Minor

Internship Contract

Term: _______________________

# of credits: __________________

Site: ____________________________________________

Contact information: _________________________________________________________

Supervisors and interns, please work together to detail the specific duties, tasks, and learning opportunities of the internship, and write them in the space below. Your signatures at the bottom ratify this contract. If you have any questions or concerns, please contact Prof. Elizabeth Wheeler, Disability Studies Minor, ewheeler@uoregon.edu, 541-346-3929.

__________________________            _________________________         ____________
Student Print                  Student Sign                   Date

__________________________            _________________________         ____________
Supervisor Print                Supervisor Sign                  Date