



Internship Contract

I agree to complete all requirements for the Internship in accordance with the LSU School of Library and Information Science *Guidelines for Student Internships* during the _____ semester, _____ .

Student Name: _____ Email Address: _____

Name: _____ Date: _____

Student Signature

I agree to supervise the student named above in accordance with the LSU School of Library and Information Science *Guidelines for Student Internships* during the _____ semester, _____ .

Location: _____

Supervisor: _____ Email Address: _____

Title: _____ Phone Number: _____

Supervisor Signature

I agree to advise the above named student and work with the above named supervisor in accordance with the LSU School of Library and Information Science *Guidelines for Student Internships* during the _____ semester, _____ .

Advisor Name: _____ Email Address: _____

Date: _____

Advisor Signature