

Student Internship Agreement

I, _____, (Print Name) have accepted an intern position with _____.
(Organization)

I understand that this Agreement commits me to completing this internship. Any changes must have pre-approval from the UGA EHS Internship Coordinator and the aforementioned organization.

Signature: _____

Date: _____

CLARKE COUNTY GEORGIA

Sworn before me this _____ day of _____, 2002

Ella M. Willingham, Notary

My commission expires 02/25/05