

EAST STROUDSBURG UNIVERSITY
HOSPITALITY, RECREATION & TOURISM MANAGEMENT DEPARTMENT
INTERNSHIP LEARNING CONTRACT

PART A - To be completed by Student Intern. Please type or print clearly.

I. PERSONAL DATA

Name _____ / _____ / _____ Student ID # _____
Last First M.I.

Address _____ / _____ / _____
(During internship) Street City State Zip

Home Phone ____/____/_____

Cell Phone ____/____/_____

Email Address _____

II. REGISTRATION

Internship Semester: Spring, Summer, Fall (circle one) Year: _____

Total credits earned: _____ Total credits currently registered: _____

Current overall GPA: _____

III. INTERNSHIP SITES UNDER CONSIDERATION

Name of Company/Organization _____

Address _____ / _____ / _____
Street City State Zip

Name of Company/Organization _____

Address _____ / _____ / _____
Street City State Zip

I have read and agree to carry out the responsibilities and regulations as outlined in the ESU Internship Manual.

Signature of Student Intern

Date

Please upload Part A to D2L Please upload Part A to D2L Hospitality and Tourism Internship Portal