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