

INTERNSHIP | EMPLOYMENT AGREEMENT FORM

All internships must be approved by the internship professor *prior to* course registration, regardless of the number of credits (0–3). Internships will be evaluated based on their alignment with FIU’s educational criteria.

1. Review and complete this form with your employer supervisor *prior to* course registration.
2. Submit your completed form to the internship course professor for approval (professor varies– verify with your academic advisor or department chair).
3. Register for the Internship course (0–3 credits) with your academic advisor *after* you receive written approval from the internship course professor.

Intern Name: _____

Firm/Company Name: _____

Firm/Company Address: _____

Firm/Company Website: _____

Dates of Employment: _____

Projected Hours of Employment: *Per Week:* _____ *Total:* _____

Supervisor Name: _____

Supervisor License and/or Certification Number: _____

Supervisor Phone Number(s): _____

Supervisor Email: _____

Which of the following best describes the firm’s setting?

- | | |
|---|---|
| <input type="radio"/> Commercial interior design firm | <input type="radio"/> Commercial/residential interior design firm |
| <input type="radio"/> Commercial architecture/interior design firm | <input type="radio"/> Commercial/residential architecture/interior design firm |
| <input type="radio"/> Residential interior design firm | <input type="radio"/> Institution, corporation, or government agency’s interior design department |
| <input type="radio"/> Residential architecture/interior design firm | <input type="radio"/> Industry– interior design sales department |
| <input type="radio"/> Other: please specify _____ | |

Student Initials_____ Supervisor Signature_____