



INITIATE AN INTERNSHIP AGREEMENT REQUEST

University Hall 180
Phone: (818) 677 – 2301
Fax: (818) 677 – 6544
Mail Code: 8231
Email: purch@csun.edu

I. TYPE OF AGREEMENT:

INTERNSHIP NON-CLINICAL INTERNSHIP (i.e., HEALTH SCIENCES, PUBLIC HEALTH)

II. TYPE OF ORGANIZATION:

NON-PROFIT GOVERNMENT SCHOOL OTHER

III. COMMUNITY PARTNER (CP)

COMMUNITY PARTNER: _____ STREET ADDRESS: _____

EXECUTIVE DIRECTOR: _____ CITY: _____ STATE: _____ ZIP+4: _____

TELEPHONE NO.: _____ FAX NO: _____ EMAIL ADDRESS: _____

ALT. TELEPHONE NO: _____ WEBSITE URL: _____

IV. COMMUNITY PARTNER MISSION STATEMENT (OPTIONAL):

FACULTY MEMBER REQUESTING INTERNSHIP AGREEMENT: _____

COLLEGE/DEPARTMENT NAME: _____ DATE: _____

FACULTY EMAIL ADDRESS: _____ EXT NO: _____

NAME OF STUDENT: _____