



### INITIATE AN INTERNSHIP AGREEMENT REQUEST

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**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: \_\_\_\_\_