Disability Studies Minor
Internship Contract

Term: _______________________

# of credits: __________________

Site:___________________________________________________________________

Contact information:______________________________________________________

Supervisors and interns, please work together to detail the specific duties, tasks, and learning opportunities of the internship, and write them in the space below. Your signatures at the bottom ratify this contract. If you have any questions or concerns, please contact Prof. Brian Trapp, Disability Studies Minor Director, trapp@uoregon.edu, 541-346-0508.

__________________________  ________________________  ____________
Student Print             Student Sign               Date

__________________________  ________________________  ____________
Supervisor Print         Supervisor Sign          Date