

**Merchandising Internship Contract**  
**CADS 4920 Internship in Apparel Merchandising**

**Submit to** Dr. Kwon ([kwonwis@auburn.edu](mailto:kwonwis@auburn.edu)) along with *Internship Compensation Form* in a single PDF file.

Name \_\_\_\_\_ AU student ID # \_\_\_\_\_

Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

COURSES: CADS 3850: taken \_\_\_\_\_ CADS 5850: taken \_\_\_\_\_

INTERNSHIP: Firm Name: \_\_\_\_\_

Dept/Office where you will be interning: \_\_\_\_\_

Date internship will begin: \_\_\_\_\_ will end: \_\_\_\_\_

**Complete** Address of firm:

\_\_\_\_\_

Firm Supervisor's

Name & Title: \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_ Email \_\_\_\_\_

NOTE: I agree to complete all internship requirements. Any change in my work assignment (e.g., change of department, supervisor) will be communicated immediately to Dr. Kwon in writing. I understand that I may take no other class during my internship without written approval from the Department Head, that I must meet all internship requirements, and that I will be dropped from the internship if I do not meet all requirements. I understand that Fall Semester retail store interns must plan to work until December 24.

**I have carefully read the requirements for enrollment in CADS 4920 and have met all of these requirements. I understand and agree to complete all requirements for this internship:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Firm Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

AMDP Intern Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

CADS Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my internship materials (name, picture etc.) to be used for department informational/promotional purposes.

Student Intern Signature \_\_\_\_\_