

Merchandising Internship Contract

CADS 4920 Internship in Apparel Merchandising

Submit to Dr. Kwon (kwonwis@auburn.edu) along with *Internship Compensation Form & Hold Harmless* document in a single PDF file.

Name _____ AU student ID # _____

Cell # _____ Email Address _____

COURSES: CADS 3850: taken _____ semester CADS 5850: taken _____ semester

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 _____