

## Request to Initiate an Internship Agreement

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### I. TYPE OF ORGANIZATION

NON-PROFIT                  GOVERNMENT                  SCHOOL                  OTHER

### II. COMMUNITY PARTNER (CP)

COMMUNITY PARTNER: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

EXECUTIVE DIRECTOR: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP+4: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ FAX NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ALT. TELEPHONE NO: \_\_\_\_\_ WEBSITE URL: \_\_\_\_\_

### III. COMMUNITY PARTNER MISSION STATEMENT (OPTIONAL):

FACULTY MEMBER REQUESTING INTERNSHIP AGREEMENT: \_\_\_\_\_

FACULTY PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

### IV. INHERENT RISKS:

Please list all known risks inherent to the internship environment, associated with your organization, (facility hazards, location concerns, personal issues, etc.):