

Quarter \_\_\_\_\_ Year \_\_\_\_\_  
Begin \_\_\_\_\_ End \_\_\_\_\_  
# of credits \_\_\_\_\_ Hours per week \_\_\_\_\_  
Total # of hours \_\_\_\_\_

## Internship Contract

Museum: \_\_\_\_\_ Dept. (if applicable) \_\_\_\_\_  
Supervisor at the museum: \_\_\_\_\_ Supervisor Email \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Student's Email address: \_\_\_\_\_  
Student's Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Student Cell Phone #: \_\_\_\_\_ Other phone #: \_\_\_\_\_  
Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Auto Year/Make/Color: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

## University/College Information

**Sponsoring Professor:** Dr. Joyce Hammond, Western Washington University  
**Mailing Address:** WWU; Department of Anthropology MS-9013; 516 High Street, Bellingham, WA 98225  
**Phone #:** (360) 650-4796      **Office:** AH 318      **Professor's office hours:** Check Blackboard  
**Professor's e-mail address:** [joyce.hammond@wwu.edu](mailto:joyce.hammond@wwu.edu)

### Student's Class & Work Schedule:

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
Saturday \_\_\_\_\_

### Museum Intern Hours:

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
Saturday \_\_\_\_\_

\*\*\*\*\* MUSEUM USE ONLY \*\*\*\*\*

Copies of this form to:  
Supervisor \_\_\_\_\_ [Orientation \_\_\_\_\_/Date \_\_\_\_\_ Name Tag \_\_\_\_\_]  
Accounting Dept. \_\_\_\_\_ [copy of Driver's License \_\_\_\_\_ Info Form \_\_\_\_\_]  
Security \_\_\_\_\_ [reference/security check \_\_\_\_\_ / Date \_\_\_\_\_]

**Project Description and/or list of tasks that will be assigned:**

**Method of Evaluation:** (See Internship Description and Evaluation Form that your supervisor will be completing.)  
90% of a student's final grade is based on the evaluation of the student's supervisor, 10% of the final grade is based on written work submitted to the sponsoring professor.

**Signatures:**

**Dates:**

Student \_\_\_\_\_

\_\_\_\_\_

Supervisor \_\_\_\_\_

\_\_\_\_\_

Professor \_\_\_\_\_

\_\_\_\_\_

Any changes to the contract during the internship must be approved by all three parties named above.