



# Faculty of Management & Social Sciences

[www.ub.edu.bz](http://www.ub.edu.bz)

College Street, West Landivar  
P.O. Box 990  
Belize City, Belize

Tel: 501-223-0256  
Fax: 501-223-0255

## CONTRACT BETWEEN ORGANIZATION, STUDENT, AND UNIVERSITY OF BELIZE

### STUDENT INFORMATION

Student's Name \_\_\_\_\_

Major \_\_\_\_\_

Local Address \_\_\_\_\_

Local Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

### ORGANIZATION INFORMATION

Organization Name \_\_\_\_\_

Name of Intern Supervisor \_\_\_\_\_

Organization Address \_\_\_\_\_

\_\_\_\_\_

Organization Phone \_\_\_\_\_

Internship Starting Date \_\_\_\_\_ Internship Expiration Date \_\_\_\_\_

Financial Assistance/Benefits \_\_\_\_\_

HANDOUT I CONTRACT

Specific Functions (list below all functions  
To be accomplished within the job description)

Percent of time  
(100% total)

---

---

---

---

---

---

---

---

---

---

**CONTRACT AGREEMENT**

**We, the undersigned agree to cooperate in a high quality and professional field experience in accordance with the above specifications and attached responsibilities of students, organization, and University. The student's internship does not officially begin until all three signatures are received and dated.**

\_\_\_\_\_  
**Organization Supervisor (print name/signature)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student (print name/signature)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**UB Internship Coordinator (print name/signature)**

\_\_\_\_\_  
**Date**