



**Disability Studies Minor  
Internship Contract**

Term: \_\_\_\_\_

# of credits: \_\_\_\_\_

Site: \_\_\_\_\_

Contact  
information: \_\_\_\_\_

Supervisors and interns, please work together to detail the specific duties, tasks, and learning opportunities of the internship, and write them in the space below. Your signatures at the bottom ratify this contract.

If you have any questions or concerns, please contact Jade Fraley, Interim Experiential Learning Coordinator, [jadef@uoregon.edu](mailto:jadef@uoregon.edu), 541-346-0934.

\_\_\_\_\_  
Student Print

\_\_\_\_\_  
Student Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Print

\_\_\_\_\_  
Supervisor Sign

\_\_\_\_\_  
Date