

ADDENDUM TO AFFILIATION AGREEMENT

DESCRIPTION OF INTERNSHIP

Student Name: _____ Agency: _____
Program: _____ Location: _____
Faculty Advisor: _____ Agency Supervisor: _____
Credit Hours Received: _____ Telephone Number: _____
Beginning Date: _____ Hours at Agency: _____
Ending Date: _____ Financial Remuneration: Yes No

Summary Statement of Internship: (Go to next page if necessary)

I agree to adhere to all rules and regulations of the Agency and the University of Houston-Clear Lake. I agree to abide by Agency working hours, procedures and professional ethics while at the agency.

_____ _____
Student Signature Date

Print Name