

# Internship Contract Statement Form

**Internship Contract Statement  
Applied Health Science Internship HLTH 496/696  
Department of Health Science  
Minnesota State University-Mankato**

***This form must be signed by the student and submitted to the Internship Director with the other required application materials prior to beginning the internship experience.***

Student Name \_\_\_\_\_ Tech ID \_\_\_\_\_

Name of Intern Organization/Agency \_\_\_\_\_

Student: By signing this contract, I understand that I am responsible for following all Internship Handbook guidelines.

\_\_\_\_\_  
*Student Signature*

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