

**CALIFORNIA STATE UNIVERSITY, LONG BEACH
DEPARTMENT OF ANTHROPOLOGY
APPLIED ANTHROPOLOGY GRADUATE PROGRAM**

GRADUATE INTERNSHIP AGREEMENT for ANTH 697, Fall 1996

Intern

Name _____ Telephone: Home (____) _____

Address _____

Sponsor

Agency/Institution/Organization _____

Address _____

Supervisor _____ Telephone: (____) _____

Title/Position _____

Intern Responsibilities: _____

Sponsor Responsibilities: _____

Duration of Internship: From _____ to _____ for _____ Hours per week

Please note that neither the faculty of the Department of Anthropology, nor the California State University, shall be held liable for any personal injury, nor damage or loss of property associated with this internship.

Signed _____ Date _____

Intern

Sponsoring Agency Supervisor

Supervisor's name printed or typed

cc: Intern
Sponsoring Agency Supervisor
Anthropology Department
faculty advisor