



APPAREL DESIGN INTERNSHIP CONTRACT | FOR CADS 4930 AMDP INTERNSHIP



STUDENT & INTERNSHIP INFORMATION – (FOR THE STUDENT INTERN TO COMPLETE)

Name: \_\_\_\_\_ AU Student ID#: \_\_\_\_\_

Cell #: \_\_\_\_\_ AU Email: \_\_\_\_\_

CADS 3750 (Product Development: Apparel Design) Prerequisite Satisfied: \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

Firm/Business/Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Department/Office Where You Will Be Interning: \_\_\_\_\_  
(e.g., Technical Design, Creative Design, Production, etc.)

Internship Dates: \_\_\_\_\_ to \_\_\_\_\_ Internship Time(s): \_\_\_\_\_  
Begin Date (Month/Day/Year) End Date (Month/Day/Year) (e.g., M-F from 8am to 5pm)  
*Remember, your internship must be at least 10 weeks of full-time employment (or 400 hours total).*

STUDENT AGREEMENT TO REQUIRED CONDITIONS:

- I have carefully read the requirements for enrollment in CADS 4930 and agree to complete all internship requirements. If I do not, I acknowledge that I will be dropped from or fail the course.
- I confirm that my total number of work hours will be **at least 400 hours**.
- If any change is made to my work assignment (e.g., change of department, supervisor, internship start and end dates, etc.), I will immediately communicate it in writing to my CADS 4930 Internship Faculty Supervisor and CADS AMDP Internship Coordinator.
- I understand that Fall Semester retail store interns must plan to work until December 24 (if required by firm/company).
- I have provided my Firm/Business/Company Supervisor with the "Information to Share with Prospective Employers" document.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FIRM SUPERVISOR INFORMATION & SIGNATURE – (FOR THE FIRM SUPERVISOR TO COMPLETE)

Firm/Business/Company Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Email: \_\_\_\_\_

FIRM SUPERVISOR AGREEMENT:

- I confirm that the student intern will work at least 10 weeks of full-time employment (or 400 hours total).
- I confirm that the student intern has provided me with the "Information to Share with Prospective Employers" document; therefore, I am aware of the student's internship requirements.
- I understand that the Consumer and Design Sciences (CADS) Department at Auburn University will not share any confidential/privileged company information; only the student intern's information (e.g., name, photo, company and department of internship, etc.) may be shared for promotional/informational purposes.

Firm/Business/Company Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AUBURN UNIVERSITY CADS DEPARTMENT APPROVAL & SIGNATURES ONLY

CADS AMDP Internship Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CADS Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_