



CHILD DEVELOPMENT PRACTICUM AGREEMENT

DELTA COLLEGE in cooperation with:		
School/Program:		
Director/Supervisor		
Street:		
City/State/Zip:		
Phone:		Fax:
Training Schedule:		
E-Mail (for copy of signed agreement)		

STUDENT	
Delta Student #:	
Name of Student:	
Street:	
City/State/Zip:	
Phone:	
E-Mail (for copy of signed agreement)	
Date Training Begins:	
Expected Completion Date:	
Occupational Goal:	
Delta College Faculty/Instructor:	

This Agreement is made effective as of the date first written above by the signature of the parties below. As between Delta and Agency only, this agreement shall automatically be extended annually for additional periods of one (1) year each unless Delta or Agency notifies the other party in writing six (6) months in advance of the next scheduled Internship experience.

<p>DELTA COLLEGE</p> <p>_____ Signature of Authorized Representative</p> <p><u>Barbara R. Webb</u></p> <p>Its: <u>Director of Business Services</u></p> <p>Date: _____</p>	<p>AGENCY</p> <p>I have read and agreed to the terms and conditions of this agreement, available at www.delta.edu/iagree.</p> <p>_____ Signature of Authorized Representative</p> <p>_____ Name, printed or typed</p> <p>Its: _____ Title of Authorized Representative</p> <p>Date: _____</p>
<p style="text-align: center;"><i>A copy of the signature page, once signed by all parties, will be provided to the Agency, Instructor, and Student.</i></p>	<p>STUDENT</p> <p>I have read and agreed to the terms and conditions of this agreement, available at www.delta.edu/iagree.</p> <p>_____ Signature of Student</p> <p>_____ Name, printed or typed</p> <p>Date: _____</p>