

**APPAREL DESIGN INTERNSHIP CONTRACT**  
**CADS 4920 in Apparel Design and Production Management**

**This contract and your completed Internship Compensation form must be submitted together.**

**Return to Dr. Teel**, in a single PDF file to [kteel@auburn.edu](mailto:kteel@auburn.edu) .

Name \_\_\_\_\_ AU student ID # \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_

Prerequisite: CADS 3750 taken (year/term) \_\_\_\_\_

INTERNSHIP: Firm Name: \_\_\_\_\_ Dept. Name: \_\_\_\_\_

Date internship will begin: \_\_\_\_\_ will end: \_\_\_\_\_

**COMPLETE** Address (street & city/state) of firm: \_\_\_\_\_

Firm Supervisor's  
Name & Title: \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_ Email \_\_\_\_\_

NOTE: I agree to complete all internship requirements. Any change in my work assignment (e.g., change of department, supervisor) will be communicated immediately to Dr. Teel in writing. I understand that I may take no other class during my internship without written approval from the Department Head, that I must meet all internship requirements, and that I will be dropped from the internship if I do not meet all requirements.

**I have carefully read the requirements for enrollment in CADS 4920 and have met all of these requirements. I understand and agree to complete all requirements for this internship:**

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

Firm Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Program Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

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

I give permission for my internship materials (name, picture, etc.) to be used for department informational/promotional purposes.

Student Intern Signature: \_\_\_\_\_