

**HISTORY 491: PRACTICUM
DEPARTMENT OF HISTORY
CHRISTOPHER NEWPORT UNIVERSITY**

CONTRACT

Student name: _____

Student address, phone #, email: _____

Agency, address, email: _____

Name and title of supervisor: _____

Work schedule: _____

Assigned duties: _____

Student's signature and date: _____

Agency supervisor's signature and date: _____

Department supervisor's signature and date: _____

History Department Chair's signature: _____