

**NSERC CREATE RENEW:  
INTERNSHIP INFORMATION FORM**

Email: glaucia.lima@utoronto.ca

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**STUDENT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Student Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**INTERNSHIP SITE/SUPERVISOR INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Current Position \_\_\_\_\_

Organization and Department \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Work Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**INTERNSHIP INFORMATION**

Start Date:  End Date:

Internship Stipend: \$ \_\_\_\_\_ per  Term  Month  Hour  Bi-Wk Work hours per week: \_\_\_\_\_

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**INTERNSHIP POSITION INFORMATION** (developed in collaboration with your internship supervisor)

If you will be engaged in more than one project, please provide this information for each project.

**Please provide a tentative title for your internship project.**

\_\_\_\_\_  
\_\_\_\_\_

**Please list the objectives of this internship project.**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

**Please list the expected deliverables.**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

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**INTERNSHIP AGREEMENT**

**INTERNSHIP STUDENTS:**

This confirms that I have accepted this internship position for the above work term and agree to:

- Be available for the whole internship period as indicated above
- Conduct myself in a professional, ethical manner and maintain employer confidentiality
- Fulfill my work term to the best of my ability, apply and develop my academic skills wherever possible
- Consult with the RENEW Program Coordinator before terminating an internship

**INTERNSHIP SUPERVISORS:**

This confirms that I have offered the internship position for the above work term and agree to:

- Provide the student with a high quality training opportunity where he/she can make a meaningful contribution to the workplace
- Ensure the student receives adequate supervision, regular guidance, and is given the opportunity to learn on the job. Work with the student in developing the learning objectives.
- Ensure that the student receives adequate Health and Safety training and the required Personal Protective Equipment before any field activity/visit.

**PROGRAM OFFICE:**

- Will make every effort to assist with the resolution of issues arising during the work term.

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**I have read, understand and accept the terms of this agreement as stated above.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Signature of Program Coordinator

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Printed Name of Industry Supervisor

\_\_\_\_\_  
Printed Name of Program Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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Please return the completed form to the RENEW Program Coordinator, in person or by e-mail at [glaucia.lima@utoronto.ca](mailto:glaucia.lima@utoronto.ca)