



Landscape Architecture Internship Agreement Form

Student Name: _____ UW ID# _____

Student Email: _____ Year: _____

Firm/Agency Name: _____

Firm/Agency Type: _____

Address: _____

Phone: _____ Website: _____

Supervisor: _____ Title: _____

Email: _____ Phone: _____

What will be the intern's primary duties?

Supervisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Department of Planning and Landscape Architecture

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