

Extended Internship Participation Agreement

Date: [Insert Date]

Intern Name: [Insert Intern's Name]

Intern Address: [Insert Intern's Address]

Company Name: [Insert Company Name]

Company Address: [Insert Company Address]

Dear [Insert Intern's Name],

We are pleased to inform you that your internship at [Insert Company Name] has been extended. This agreement outlines the terms and conditions for your extended participation.

1. Duration of Extended Internship

Your extended internship will commence on [Insert Start Date] and will conclude on [Insert End Date].

2. Responsibilities

You will continue to perform your duties as outlined in your initial internship agreement, with the following additional responsibilities:

- [Insert Responsibility 1]
- [Insert Responsibility 2]

3. Compensation

Your compensation during the extended internship period will be [Insert Compensation Details].

4. Confidentiality

You agree to uphold the confidentiality of any proprietary information during and after your internship.

5. Acceptance

Please sign and return a copy of this agreement to confirm your acceptance of the terms outlined above.

We are excited to have you continue with us and look forward to your contributions.

Sincerely,

[Insert Supervisor's Name]

[Insert Supervisor's Position]

[Insert Company Name]

Acceptance

I, [Insert Intern's Name], accept the terms of the extended internship participation agreement.

Signature: _____

Date: _____