Internship Agreement

This internship agreement will act as a preliminary agreement between the School of Public Policy Student interns and the company/agency for whom they intern. This agreement will help to clarify the duties and responsibilities interns agree to perform, and serve as verification of employment. Please fill in all sections completely and sign and date the form.

Student name: __________________________________________ Year of graduation: __________

Internship title: ________________________________________________________________________

Agency name: _________________________________________________________________________

Agency address: _______________________________________________________________________

Agency phone number: ___________________ Agency website: _______________________________

Supervisor’s name and title: ______________________________________________________________

Supervisor’s phone number and email: _____________________________________________________

Dates of internship: ____________________________ Hours/week: _____________________________

Internship location: ____________________________ Compensation (if any): ____________________

Description of duties and responsibilities(if more room is required please use the back of this page):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please note: In order to satisfy the requirements for the Master of Public Policy, students must complete a minimum of 240 hours of substantive, policy-related work.

Agency supervisor signature: ____________________________ Date: _______________________

Student signature: ____________________________ Date: _______________________

SPP Internship Agreement 1.24.12 For office use: Approved by:________________________