UNIVERSITY OF DAYTON | DEPARTMENT OF POLITICAL SCIENCE
POL 495 INTERNSHIP AGREEMENT FORM

PART 1: Student Intern Information

Student ID Number: _________________ Email: _______________________

Printed Name: __________________________________________________________________

Semester Registered for Academic Credit: Fall _____ Spring _____ Summer _____

Semester of the Internship: Fall _____ Spring _____ Summer _____

Credit Hours Registered:
   ____ 3 hours (150 hours)   ____ 6 hours (300 hours)   ____ 9 hours (450 hours)

Host agency or organization: _______________________________________________________

Student’s Signature ______________________ Date __________________

PART 2: Supervisor and Host Agency Information

Printed Name: __________________________________________________________________

Supervisor Title: __________________________________________________________________

Supervisor’s Contact Info:

Phone: ______________________ Email: ______________________

Supervisor’s Signature ______________________ Date __________________

Attachment: Internship Work Schedule signed by: Student & Supervisor

Return this form to the Internship Coordinator prior the start of the internship period.

Date Received by Internship Coordinator: _______________ Rev Spring 2016