

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

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**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: \_\_\_\_\_