

INTERNSHIP AGREEMENT

PS 1900

Please print legibly using ink. Return the completed form to the Political Science advisor no later than the term add/drop deadline in order to obtain an enrollment permission number.

Name: _____		PeopleSoft ID # _____	Enrollment Term: Fall Spring Summer	Year: 20 ____	On academic probation? Yes No
Credits Earned: Total (incl. current term): _____ in Political Science: _____		Major(s) and/or Certificate(s): _____			
Phone(s): _____	e-mail: _____ @pitt.edu		GPA Overall: _____		in PS: _____
Internship Type / Description: Legislative Executive Judicial Campaign NGO other: _____		Academic Expectations [to be completed by the student] Provide a brief statement of the expected academic benefits of your internship – i.e. what you expect to learn from it. Before answering this and the following question, please discuss this with your faculty sponsor(s).			
Organization Name: _____		How will you demonstrate this learning to your faculty sponsor(s)?			
Organization Address: _____ _____					
City _____ State ____ ZIP _____					
Website _____					
Phone: _____	Fax: _____				
Supervisor Name and Title: _____		Academic Evaluation [to be completed by the faculty sponsor(s)] Please describe briefly the nature and extent of your responsibility for this internship , including site visits, meetings with the intern, contact with the supervisor, and the method by which you will evaluate the intern's learning.			
Intern's Duties: _____ _____					
Supervisor role (extent, frequency of supervision & evaluation): _____ _____					
Will supervisor provide written evaluation to the intern and faculty sponsor at the end of the internship? Yes No		Required Signatures I have read the foregoing description of the internship and hereby affirm my agreement to its terms.			
Dates of Internship: From: _____ To: _____	Hours/week: _____	Compensation (if any) _____		Student: _____ Date: _____	
No. of credits sought*: 1 2 3 4 5 6 <small>*based on the academic work to be completed</small>	Grade Option: —LG— S/NC		Supervisor: _____ Date: _____		
Faculty Sponsor(s): _____ Department: _____		Faculty Sponsor: _____		Date: _____	
_____		2nd Faculty Sponsor: _____		Date: _____	
_____		Dept. Chair (or Dean): _____		Date: _____	