

Formal Agreement Professional Practice Internship – 398.01/498.01
Department of Politics and Government -Illinois State University

Student and Site Supervisor sign and return to Director of Internships . Please keep a copy for your files. Form must be on file prior to start date.

Internship Information

Organization _____ Address _____

Site Supervisor _____ Title _____

Phone _____ Email _____

Begin Date _____ End Date _____ Hours to work _____
_____/week

Student's Position _____ Paid OR
Unpaid? _____ If this is a paid opportunity, what are the terms? _____

Job Description (to be completed by student and site supervisor):

Student Signature _____ Date _____

Site Supervisor Signature _____ Date _____