Formal Agreement Professional Practice – **Legal Internship (LGS 398A20)**
Department of Politics and Government
Illinois State University

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

Student’s Name: ____________________________________________

Name of Organization/Employer____________________________________

Employer’s Address_______________________________________________

Site Supervisor________________________________ Title_____________________

Supervisor’s Phone Number____________________ Supervisor’s Email Address__________

Begin Date____________________ End Date ____________________________

Student’s Position _________________________ Hours to work per week_______________

Paid OR Unpaid? _____ If this is a paid opportunity, what are the pay rate? ________________

Check any of the following skills the student will be applying on the job:

_____ Critical thinking  ____ Interviewing  ____ Law office management

_____ Communication  ____ Investigation  ____ Legal ethics

_____ Computer skills  ____ Legal research  ____ Legal writing

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

Student Signature ____________________________ Date ______________________

Site Supervisor Signature ______________________ Date ______________________