Formal Agreement Professional Practice – Public Service (POL 398A01)
Department of Politics and Government, Illinois State University

Student and Site Supervisor sign and return to Professor Lind. 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 writing

_____ Computer skills       _____ Legal research      _____ Policy research

_____ Management           _____ Campaigning        _____ Social media involvement

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


Student Signature ___________________________________ Date _____________________

Site Supervisor Signature _____________________________ Date _____________________