**Internship Agreement**

Intern Name________________________________________ Email Address ______________________

Major ___________________________  Semester _______________ ID # ________________________

Financial Compensation (check one)

- [ ] NONE
- [ ] HOURLY WAGE (Amount: _______________)
- [ ] STIPEND (Amount: _______________)
- [ ] TUITION REIMBURSEMENT (Amount: _______________)
- [ ] OTHER______________

Internship Supervisor:_____________________________________  Title:_________________________

Organization _____________________________________________ Email:________________________

Postal Address _____________________________  City/State/Zip________________________________

Phone _____________________________  Ext._________

Internship Start Date______________ Internship End Date ______________ Hours per week ___________

Total # of hours (40 hrs./credit) ______________  POLS 380: credit hours __________

Responsibilities of Intern *(to be listed by the Intern and Internship Supervisor)*

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Intern Supervisor Signature ________________________________________  Date_________________

I understand that the intern will request an evaluation letter no later than two weeks prior to the internship end date, and that the letter is due to the Internship Director by the end date.

Student Signature ________________________________________________  Date _________________

I understand that I have voluntarily agreed to participate in this internship program and that Calvin cannot accept responsibility for risks and/or harms associated with internship-related activities. I also commit myself to complete the necessary work for internship credit (as described in the program description, available from the Internship Director) by the internship end date.

Approved by Internship Program Director _____________________________  Date ________________

Calvin Political Science Internships:  
https://calvin.edu/academics/departments-programs/political-science/student-experience/internships/

*A signed copy of this agreement must be given to the Registrar for credit to be assigned.*