

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)

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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.