Internship Agreement Form

A graduate internship involves a commitment between a graduate student, internship agency and academic supervisor. This agreement indicates approval by all three parties to fulfill the internship duties outlined below, and must be completed prior to enrolling in GEO 5980. This agreement does not cover monetary payment or renumeration.

# Registration Information:

Course Number: [ ]  GEO 5980 [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester-hours: [ ]  Three [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Year: \_\_\_\_\_\_\_\_

Semester: ☐ Spring ☐ Fall ☐ Summer 4-week ☐ Summer 6-week ☐ Summer 8-week

# Student Commitment:

## Internship Plan

The student will work with the internship agency to achieve the following specific goal(s) or outcome(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student will perform the following activities to help achieve the above goals/outcomes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Dates/Hours

Internship start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Finish date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weekly hours at agency: Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_\_

Other hours (e.g. independent field work, work performed at home):

*A minimum of 150 total hours are required for a 3-credit internship. Except under unusual circumstances, the majority of hours should be performed at the internship agency.*

## Documentation

The student will (a) keep a weekly journal of activities performed during the internship, and (b) submit a written report documenting and reflecting upon what was accomplished during the internship.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-number: \_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Academic Supervisor Commitment

The academic supervisor agrees to (a) vouch for the academic skills and knowledge of the student, (b) communicate with the internship agency regularly to ascertain the student’s progress, and (c) assess the students’ performance on the criteria outlined below.

* Competence (application of GIS skills, performance of duties as outlined above)
* Demonstrated initiative
* Quality and content of the written report
* Professional demeanor

Academic Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Internship Agency Supervisor Commitment

The agency supervisor agrees to guide and oversee the work of the student intern, provide feedback on the intern’s performance to the academic supervisor for assessment purposes, and communicate any issues or concerns that arise with the academic supervisor in a timely manner.

Agency Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of contact: Phone E-mail

Preferred method of assessment: Written Assessment Telephone Conversation

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For department use only:

CRN: \_\_\_\_\_\_\_\_\_\_\_\_\_ Dep't Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_