

INDIANA UNIVERSITY SOUTH BEND
DEPARTMENT OF POLITICAL SCIENCE
MASTERS OF PUBLIC AFFAIRS

Internship Agreement

To be completed by student and instructor

Student's full name _____ Student ID number _____

Semester, or summer session, and year of internship _____ Section no. of Y594 _____

Number of credit hours expected 3 ___ 2 ___ 1 ___ Instructor _____
(Note: Students may only use 6 hours of internship/independent study credit toward MPA degree)

Number of hours per week the student has agreed to work at internship _____
(Note: Students are required to work a minimum of 40 hours over the course of the semester)

Brief description of internship (employer or organization and nature of work) _____

Approximate starting date of internship _____ Approximate ending date of internship _____

Brief description of assignments to be submitted
(Note: In addition to written assignments, instructor will consider an evaluation completed by the Intern Supervisor)

Assignments due to instructor by _____

Student's signature _____ Date _____

Instructor's signature _____ Date _____

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STUDENT INTERNSHIP DESCRIPTION FORM

Student's full name _____

To Employer or Internship Supervisor:

The student named above has applied to complete an internship with you and to earn college credit for the work. Please help us process this application by providing the information requested below and then return the form to the student. Thank you.

Your organization or company name _____

Your title or position _____

Brief description of the work the student will do for you _____

During what period will the student be working for you? Approximate starting date _____

Approximate ending date _____

Approximately how many hours a week do you expect the student to work? _____

Your name (please print) _____

Signature _____ Date _____