

Initial Intern Agreement

Department of Political Science



Complete this form in discussion with your agency supervisor and return to polisci@umkc.edu before you begin your internship. You are not officially approved to participate in an internship until this form is submitted.

Semester of Internship (semester and year) _____

Name of Intern _____

Host Organization _____

Name of Supervisor _____

Phone _____ Email _____

This agreement is effective from _____ to _____.

(Internships generally run from the first week of classes to the last week of classes of the semester.)

The intern will work _____ hours per week (a minimum of 10 hours).

This internship is paid/unpaid (please circle one).

Supervisors, please provide a brief job description for this intern.

All parties understand that the Host Organization, UMKC, or the Student may decide to terminate involvement in this internship at any time, providing timely notices to the other participating parties.

Supervisor

Internship Coordinator

Student Agreement: I have read the Policy Statement and understand my role and responsibilities as they pertain to participating in the Internship Program through the Political Science Department. Further, I understand the Host Organization's expectations of me as detailed in the job description above.

Student