

INTERNSHIP AGREEMENT FORM
Master of Arts in Applied Sociology

This form serves to coordinate and clarify the expectations and responsibilities of the student, the agency, and the faculty committee chair.

The Internship will start on _____ and conclude by _____ .

AGENCY:
AGENCY SUPERVISOR: _____ POSITION: _____
Supervisor indicates the daily responsibilities and expectations of the student intern:

STUDENT'S NAME:
Student indicates the skills, objectives, and goals for the internship:

FACULTY CHAIR of COMMITTEE:
Faculty indicates the departmental expectations for the student's internship in relation to the placement and final paper:

Student Signature Date

Agency Supervisor Signature Date

Faculty Signature Date

Once signed, this form is to be filed with the department office.