

EASTERN MICHIGAN UNIVERSITY
POLITICAL SCIENCE DEPARTMENT
INTERNSHIP PROGRAM
Letter of Agreement

Semester/year:

STUDENT INFORMATION

Name: Student #:

Mailing Address:

Email: Phone:

Major: Minor:

Internship course registration number:

387 480 486 488 489 688

PLACEMENT ORGANIZATION

Note to Placement Supervisor: Each intern is expected to develop a goals and objectives statement by the third week of the semester and to obtain your signature on that document. This is designed to help assure that the student's expectations and your expectations are in harmony.

Supervisor's name:

Agency/organization name:

Organization website:

Mailing address:

Email address:

Agency phone:

Expected start date: Expected end date:

Number of hours per week:

Student signature: _____ Date:

Supervisor signature: _____ Date: