**INTERNSHIP AGREEMENT**

**Department of Public Policy Leadership**

**The University of Mississippi**

**105 Odom Hall**

**University, MS 38677-1848**

**Tel: 662-915-7347 Fax: 662-915-1954 E-mail: xxxxx@olemiss.edu**

**INTERN DATA (To be filled out by the intern)**

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester: ( ) Fall ( ) Spring ( ) Summer I ( ) Summer II ( ) Full Summer Yr:\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGENCY DATA (To be filled out by the internship provider)**

Agency’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TIME COMMITMENT (To be filled out by the agency)**

Starting Date:\_\_\_\_\_\_\_\_\_\_\_(mm/dd/yy) Ending Date:\_\_\_\_\_\_\_\_\_\_\_(mm/dd/yy)

Hours to be worked each week:\_\_\_\_\_\_\_\_\_\_\_\_

**PLACEMENT ACTIVITIES:** *(Student’s responsibilities, method and frequency of supervision, employer’s responsibilities. Please use an additional sheet if more space is required.)*

*I affirm the above internship information to be correct and understand that any change in or deviation from the conditions stated in herein without the approval of the University of Mississippi professor supervising the internship course, or any misrepresentation of the facts of this agreement, may result in termination of the internship and/or denial of academic credit.*

Student’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

*To the student: You must obtain the Agency Supervisor’s signature below before returning this form.*

Agency Supervisor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Professor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

PPL Department Chair’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_