

POLITICAL SCIENCE INTERNSHIP CONTRACT

To be completed by the internship provider

Student's Name: _____

Agency/Organization: _____

Address: _____

Phone/FAX/E-Mail: _____ / _____ / _____

Contact Person(s): _____

I. WHAT DUTIES AND RESPONSIBILITIES WILL THIS STUDENT HAVE? (*Please remember that the work and projects should be of academic value to the student as well as worth to your organization.*)

1. _____

2. _____

3. _____

4. _____

II. WHAT TIME COMMITMENT HAS THIS STUDENT MADE TO YOUR ORGANIZATION?

III. WILL THIS INTERN BE REQUIRED TO ATTEND ANY TRAINING? (Please specify the nature of this training.)

Please complete and return this form to: Professor Eric Waltenburg at ewaltenb@purdue.edu

If you have any questions, or problems with Political Science interns, please call 765-494-4161.

We appreciate the opportunity you provide to our students.