

**DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY  
INTERNSHIP CONTRACT**

To be completed by the student:

Student Name: \_\_\_\_\_ Student I.D.: \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor: \_\_\_\_\_

Address (residence and mailing address) during the internship: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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Name of organization: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Supervisor's position: \_\_\_\_\_

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

City, State, and Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Web site: \_\_\_\_\_

Title and brief description of proposed internship experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Beginning date: \_\_\_/\_\_\_/\_\_\_ Ending date: \_\_\_/\_\_\_/\_\_\_ Hours: \_\_\_\_ (Per week or semester)

**To be completed by the employer (internship sponsor):**

1. What are the nature and extent of the internship responsibilities?
2. What are the dates and hours during which the work will be performed?
3. What specific results are expected of the intern?
4. What professional and other skills do you expect the intern to develop?
5. What professional contacts will be available to the intern?
6. What resources will be available for the intern to use?
7. What issues, projects, or research will the intern be exposed to that relate to his/her studies to be used as possible topics for the research paper that is required?

## APPROVALS

The signatures below indicate that these individuals have read the contract and are in agreement with regard to the main elements of the proposed internship experience and accept the conditions listed in the internship guidelines.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Employer Representative (internship sponsor)      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student      Date

The signatures below indicate that the internship has been approved, and are required before the student will be permitted to register for the relevant internship course.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Career Development Center Counselor      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Faculty Supervisor, Sociology and Anthropology Department      Date

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# INTERNSHIP EVALUATION FORM

TO BE COMPLETED BY THE INTERNSHIP SPONSOR / SUPERVISOR

Student's Name: \_\_\_\_\_

Department Assignment: \_\_\_\_\_

Time Period: \_\_\_\_\_

Please check the response that best reflects the individual's performance. Please use the General Comments section on the second page of this form to provide suggestions for the individual's career development and any other explanations you believe useful for an overall performance evaluation. To ensure candid evaluations, the student intern will not be shown the comments on this form.

## Relations with others

- Works exceptionally well with others
- Works well with others
- Gets along satisfactorily with others
- Has some difficulty working with others
- Works poorly with others

## Quality of work

- Excellent
- Above average
- Below Average
- Poor

## Judgement

- Excellent in making decisions
- Above average in making decisions
- Usually makes the right decision
- Often uses poor judgment
- Consistently uses poor judgement

## Dependability

- Excellent
- Above average
- Below average
- Poor

## Ability to learn

- Learns very quickly
- Learns quickly
- Average in learning
- Slow to learn
- Very slow to learn

## Attendance

- Regular
- Irregular

## Punctuality

- Regular
- Irregular

Attitude

- Extremely interested and independent
- Very interested and independent
- Average interest and independence
- Below average interest and independence
- Definitely not interested and independent

Technical Skills

- Excellent
- Above average
- Average
- Below average
- Poor

Professional appearance and behavior

- Excellent
- Above average
- Average
- Below average
- Poor

Overall performance

- Excellent
- Above average
- Average
- Below average
- Poor

General Comments: (Explanations and "feedback" for the student's career development).

Comment on the student's performance. Would this individual be considered for a permanent position?

If you were to assign the student a grade, what letter grade would it be? Please circle one:

A                      B                      C                      D                      F

Supervisor's Name and Title: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

**Please mail this evaluation to:**

Department of Sociology & Anthropology  
360 Dr. Martin Luther King Jr. Blvd.  
Hill Hall, Room 603

Newark, New Jersey 07102-1801

## CAMPUS INTERNSHIP LEARNING AGREEMENT FOR SPONSORING EMPLOYERS

Name of Sponsoring Company/Organization: \_\_\_\_\_

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

Area Code + Telephone \_\_\_\_\_

Organization URL: \_\_\_\_\_

Name and Title of Supervisor for this Internship:

\_\_\_\_\_

Name of Student Intern:

\_\_\_\_\_

Contact information for Supervisor:

Direct Telephone \_\_\_\_\_ Business e-mail: \_\_\_\_\_

Internship Site Address [- if different than address of the employer -]:

\_\_\_\_\_

\_\_\_\_\_

### ***Compliance with anti-discrimination and workplace safety statutes by Internship Sponsor/Site:***

In accepting students for internships \_\_\_\_\_ understands that Rutgers Newark expects that internship sites will fully comply with applicable federal, state and local laws relating to workplace safety and to discrimination in the workplace. \_\_\_\_\_ is committed to equal employment opportunity, affirmative action, and nondiscrimination on the basis of race, color, national origin, gender, marital status, religion, age, disability, and veteran status. This commitment includes equal opportunity and non discrimination on the basis of sexual orientation and compliance with the Americans with Disabilities Act, which prohibits discrimination on the basis of disability in the workplace.

\_\_\_\_\_  
Employer Signature / Date

\_\_\_\_\_  
Career Development Center / Date

\_\_\_\_\_  
Faculty Supervisor / Date {- if applicable -}