POLITICAL SCIENCE INTERNSHIP CONTRACT

<u>To be completed by the student</u>:

Student Name: _____Student RU I.D.: _____

Major(s): _____Minor: _____

Phone: (____)_____ Email: _____

Name of organization:

_____

Name and title of supervisor:

_____

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's use?

7. To what issues, projects, or research will the intern be exposed that can relate to his/her academic trajectory? In addition, can the student use this internship as a possible topic for the required research paper?

APPROVALS

The signatures below indicate that these individuals have read the contract, agree 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.

_____ _____/_____/_____
Cheryl Egan or Thomas Hopkins, Career Development Center Date

_____ _____/_____/_____
Hyacinth Miller, Teaching Instructor Date

Notes:

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 email:_____

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, the State University of New Jersey, Newark campus, 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 nondiscrimination 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 -}