



UMass

| **Dartmouth**

DEPARTMENT OF POLITICAL SCIENCE

INTERNSHIP AGREEMENT

Intern Name: _____ Date: _____

Organization Name: _____

Sponsor's Name & Position: _____

Sponsor's Telephone No.: (_____) _____ Email: _____

Organization Address: _____

Intern's Telephone No.: (_____) _____ Email: _____

Intern's Address: _____

Intern Duties and Responsibilities: _____

Intern Work Schedule: _____

Proposed Number of Intern Academic Credits to be Earned: _____

Sponsor's Internship Goals: _____

Intern's Internship Goals: _____

Intern Signature

Sponsor's Signature

Internship Coordinator's Signature

Date

RETURN THIS SIGNED AND COMPLETED FORM
TO THE INTERNSHIP COORDINATOR:

Doug Roscoe
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University of Massachusetts Dartmouth
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Email: droscoe@umassd.edu