

Internship Contract
Department of Geography, University of Oregon

Student Name: _____ Term / year: _____

Student ID number: _____ Number of credits: _____

Faculty supervisor and email: _____

Description of Internship: On an attached sheet describe the organization, agency or business you will be working with; outline the project(s) you will be working on, include weekly hours and specific duties and responsibilities.

On-site supervisor: _____

Phone number: _____

Email: _____

In order to receive credit for this internship, the student will report back his/her internship activities to the faculty advisor via email on a

weekly basis

biweekly basis

other _____

At the end of the internship, by the second day of finals week, the student will produce the following in order to receive credit (this could be a brief written summary; products for a portfolio; a paper etc.):

Faculty internship advisor signature: _____

Student signature: _____

On-site supervisor signature: _____

This signature indicates that the on-site supervisor approves the internship description and is aware of the need to communicate with the faculty advisor at the end of the internship about its adequate or inadequate completion. Communication can be done via phone or email.