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.