



MASTER OF PUBLIC  
ADMINISTRATION & PUBLIC POLICY PROGRAM  
INTERNSHIP LEARNING CONTRACT  
James W. Martin School of Public Policy and Administration

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To be completed by Martin School:

Student has completed assignments and activities comprising the career development component of the Internship  \_\_\_\_\_

\_\_\_\_\_ DGS or instructor

\_\_\_\_\_ Date

Course Grade: \_\_\_\_\_

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INSTRUCTIONS: The internship consists of both a professional development component and the 400 hours experiential component. The professional development requirement will be fulfilled throughout the first two semesters by participating in the designated activities and workshops. You must complete these activities to get credit for the internship. Professional activities are approved by the DGS or assigned faculty member.

The information in this contract applies to the 400 hours in the internship. This document should be completed in as much detail as necessary to insure that all parties are clear on what final products will be turned in and how the student will be evaluated. It should be signed by all parties and turned in NO LATER than two weeks (80 hours) into the internship.

Intern \_\_\_\_\_

E-mail Address \_\_\_\_\_ HomePhone \_\_\_\_\_

Placement Organization \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**IF the ending date is not filled in than the student affairs office should be notified at the end of the internship so that the preceptor can be thanked and an evaluation can be requested.**

Semester registering for internship: \_\_\_\_\_

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Discuss the nature and specific responsibilities of your placement or project.

Describe your particular learning objectives for this placement, and in what ways will this experience allow you to accomplish these objectives?

Describe the criteria that will be used for grading your internship (papers, logs, reading lists, evaluations by field supervisor, etc.). Attach additional documents if necessary)?

What arrangements have you made for meeting with your faculty supervisor.

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Student's Signature

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Faculty Supervisor

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Organization Supervisor Signature

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(Print Name)