

INTERNSHIP AGREEMENT & APPROVAL FORM

To enhance the education of graduate students at Western Carolina University, the faculty encourages internships as a formal part of our MPA program. The information requested below will serve to clarify internship goals and assist in our evaluation process. The intern should complete this form, or an attached statement, with the assistance of the supervisor.

Student Name: _____ **Student ID #:** _____

Employer Information:

Employer/Firm:

Supervisor Name:

Address:

City, State, Zip:

Email:

Phone:

- 1. Briefly describe the objective of your internship. Identify the knowledge and skills you plan to acquire and demonstrate through the completion of the internship.**

- 2. In what way do the above internship objectives relate to your career goals?**

- 3. Describe the internship work experience, including the nature of various assignments and responsibilities while serving as an intern. Issues related to work schedule and compensation should be noted here.**

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4. Briefly describe supervision mechanisms. This may include project deadlines, periodic meetings, or any other form in which the internship supervisor may monitor the intern's progress toward completion of assignments and internship objectives.

Internship Term: Fall 20__	Spring 20__	Summer 20__
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<p><u>Please Read Carefully:</u></p> <p>I understand that internship credit will be awarded only upon successful completion of the internship requirements and favorable reviews by my supervisor.</p> <p>I understand that I MUST REGISTER FOR THE CLASS AND PAY TUITION the semester of my internship.</p> <p>Signature: _____ Date: _____</p>
<p><i>As the intern's employer, we understand that academic credit will be granted for this internship.</i></p> <p>Signature: _____ Date: _____</p>

MPA FACULTY ADVISOR OR DIRECTOR APPROVAL		
Approved: _____	Disapproved: _____	Date: _____
Signature: _____		