

Formal Agreement Professional Practice – Public Service (POL 398A01)
Department of Politics and Government, Illinois State University

Student and Site Supervisor sign and return to Professor Rankin. Please keep a copy for your files. Form must be on file prior to start date.

Student's Name: _____

Name of Organization/Employer _____

Employer's Address _____

Site Supervisor _____ Title _____

Supervisor's Phone Number _____ Supervisor's Email Address _____

Begin Date _____ End Date _____

Student's Position _____ Hours to work per week _____

Paid OR Unpaid? _____ If this is a paid opportunity, what are the pay rate? _____

Check any of the following skills the student will be applying on the job:

_____ Critical thinking _____ Interviewing _____ Law office management

_____ Communication _____ Investigation _____ Legal writing

_____ Computer skills _____ Legal research _____ Policy research

_____ Management _____ Campaigning _____ Social media involvement

Job Description (to be completed by student and site supervisor):

“I certify that I have been accepted as an intern and that my site supervisor is not an immediate or extended family member.”

Student Signature _____ Date _____

“I certify that I accept the above student as an intern and that I am not an immediate or extended family member of the intern.”

Site Supervisor Signature _____ Date _____