

SOCIOLOGY INTERNSHIP AGREEMENT FORM

Students must complete this form and register for a course to receive academic credit for an internship. Please print or type.

Semester Fall () / Spring (); Year: 20____; Course Number _____; Grading: Letter () or Pass/Fail ()

TO BE COMPLETED BY STUDENT

Name: _____ Student ID No. _____ Class year: _____

Current address: _____ Telephone: _____

Permanent address: _____ Perm. Tel: _____

Email address: _____

Description of Internship:

I have read the Tufts guidelines and policies and understand my responsibilities at the internship site noted below.

Student signature: _____

Date: _____

TO BE COMPLETED BY SITE SUPERVISOR

Internship Organization: _____

Website Address: _____

Internship Address: _____ Tel. _____

Site Supervisor's Name: _____ Tel. _____ Email: _____

Intern Responsibilities:

I have read the Tufts guidelines and policies and understand my responsibilities in supervising the intern.

Supervisor Signature: _____

Date: _____

TO BE COMPLETED BY FACULTY SPONSOR

Faculty Sponsor's Name: _____

Faculty Telephone: _____

Email address: _____

Student's Responsibilities:

Faculty Signature

Date