Gerald R. Ford School of Public Policy
Internship Organization/Student Agreement

Please print clearly or type.

Student name: _____

Email: _____ Telephone: _____

Degree(s): _____ Expected graduation date: _____

Name of internship organization: _____

Department: _____

Mailing address of organization: _____

City: _____ State: _____ Zip: _____ Country: _____

Supervisor name: _____ Supervisor title: _____

Email: _____ Telephone: _____

This section is to be filled out in conjunction with your employer.
Feel free to use additional sheets or back if necessary.

The policy internship is an academic requirement of the Ford School Master of Public Policy program. The 10-week full-time internship allows students to test the application of their knowledge to significant problems in the public, private, or non-profit sectors, and provides them the opportunity to develop and enhance skills in areas of professional interest. Work accomplished during the summer is expected to be policy-focused, challenging, and of significance and value to the internship organization.

Dates of internship: From _____ to _____ Hours per week: _____

Compensation: Rate of pay _____

How and when will intern be paid (e.g. full stipend at beginning of internship, twice a month on regular payroll): _____

Specific project and job responsibilities:

Work space and resources (desk, cubicle, computer, etc):

Supervision, mentoring, and/or exposure to key people in the organization and policy field that intern can expect as part of this internship:

Supervisor signature _____ Student signature _____

Date _____ Date _____

Completed and signed agreement form must be submitted to Ford School Career Services before the start of your internship. Mail: Ford School of Public Policy Career Services, 712 Oakland, Ann Arbor, MI 48109-3032. Fax: 734-998-6688.