The political science internship program is designed to provide students with an opportunity to earn course credits for practical experience attained in a political or administrative position. This form establishes the terms of agreement between the Portland State University and the sponsoring agency for the conduct of the internship for the undersigned student.

**Student's responsibility.**

Students who participate in this program are expected to conduct themselves at all times in a professional manner in their internship. This means that they arrive at their work site when scheduled, they dress appropriately, they follow directions, and they interact in a positive manner. Moreover, students are expected to abide by the ethical standards of the sponsoring agency and the university. The sponsoring agency may terminate the internship at any time if the relationship with the university or student proves unsatisfactory or the student violates agency policies.

**Agency's responsibility.**

The sponsoring agency is expected to assign the intern to a meaningful task. In general, this means that the student should perform some type of project, research, or administrative duty that can be tied to the political science curriculum. Students cannot receive credit for clerical, secretarial, and similar positions.

The agency will provide supervision, observation, and evaluation of the student's performance. If requested by any of the parties involved, an agency representative will meet with a university representative over the direction and content of the internship or the student's performance. An agency representative will also complete a short evaluation of the student's work at the conclusion of the internship.

**Description of Intern's work:**

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Estimated weeks/hours per week:___________  Scheduled work day(s)__________________
Name of Student Intern                                      Student ID Number

Sponsoring Agency

Intern Supervisor/Title

Agency Address

Supervisor Phone

Supervisor E-mail

The undersigned have read the above statement and agree to the terms set forth.

________________________________________________________________________

Student                                               Signature/date

________________________________________________________________________

Agency Representative                                 Signature/date

________________________________________________________________________

University Representative                             Signature/date

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