



**School of Public Affairs and Administration (SPAA)
Internship Contract**

Student Name _____ Student I.D.# _____

Address _____

Phone _____ Fax _____

E-mail _____

Faculty Supervisor _____

Name of Sponsoring Agency _____

Address _____

Phone _____ Fax _____

E-mail _____

Supervisor and Title _____

Type of organization: (check all that apply)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Government | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Non-profit | <input type="checkbox"/> Health Related |
| <input type="checkbox"/> Education | <input type="checkbox"/> Other _____ |

Organization size:

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Local | <input type="checkbox"/> State | <input type="checkbox"/> Other |
| <input type="checkbox"/> County/Regional | <input type="checkbox"/> Federal/National | |

Mission statement: _____
