

GRADED CREDIT/NO CREDIT

Grand Valley State University
Sociology Department
INTERNSHIP AGREEMENT
SOC 490

DISTRIBUTION: *Need 3 Copies:

1 Copy-Office

1 Copy-Coordinator

1 Copy-Student

Semester _____ Number of Credit Hours _____

A student must submit this completed form with all of the required signatures to the Sociology office. Once approval is obtained from the Internship Coordinator, a registration override will be granted so the student will be able to register on banner. **(It is the student's responsibility to register before the semester begins.** Note: The section numbers will be the same number as the amount of credits indicated on the form.) You may register for the course as soon as this completed form has been delivered to the Sociology Office.

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To be completed by the student _____ Date _____

Student Name _____ G # _____

Student Address _____

Email Address _____ Local Phone # _____

Major _____

GPA: Overall _____ Major _____

Date Internship Begins _____ Ends _____ Hrs/Week _____

Internship Organization _____

Employer/Supervisor _____

Organization Address (street, city, state, zip) _____

Phone Number _____ Title _____

By completing this form, the student consents to allowing the Coordinator to verify placement/employment

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Description of Work and Responsibilities

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To be completed jointly by the student and the Internship Coordinator

Academic component requirement

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Approval

Coordinators Signature _____ Date _____

(Internship Coordinator: Department Chair- George Lundskow lundskog@gvsu.edu 616-331-3704)

***Work Due By** _____