

Grand Valley State University
Sociology Department
INTERNSHIP AGREEMENT
SOC 490

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 48 hours after 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 _____ Courses Completed in Major _____

GPA: Overall _____ Major _____

Date Internship Begins _____ Ends _____ Hrs/Week _____

Internship Organization _____

Employer/Supervisor _____ Title _____

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

Phone Number _____

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To be completed by Student and Employer/Supervisor

Please attach a description of the internship/co-op responsibilities and learning objectives.

I am in agreement with the attached responsibilities and learning objectives:

Employer's/Supervisor's Signature _____ Date _____

Name of Supervisor (please print) _____

Student's Signature _____ Date _____

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To be completed by the Faculty Coordinator

Academic component requirement: _____

_____ ***Work Due By** _____

I approve of the internship and will give the necessary time to direct the work:

Faculty Coordinators Signature _____ Date _____

(Internship Faculty Coordinator: Professor Dennis Malaret – malaretd@gvsu.edu – 616-331-3113)