

Grand Valley State University  
Sociology Department  
**INTERSHIP 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 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

Description of Work Responsibilities

Academic Requirements. Normally, this will be weekly reports and a final overall report.

To be completed jointly by the student and the Internship Coordinator

Approval \_\_\_\_\_ **\*Work Due By** \_\_\_\_\_

Coordinators Signature \_\_\_\_\_ Date \_\_\_\_\_

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