



SCHOOL OF PUBLIC POLICY
 SOCIOLOGY PROGRAM
 307 Fairbanks Hall • Corvallis, Oregon 97331-3703
 Telephone: 541•737•2641 Fax: 541•737•5372

INTERN/SPONSOR AGREEMENT

(Send or bring the original of this form to the Internship Coordinator by the first week of the internship. The intern and the sponsor should each keep a copy also.)

General Information

Name _____ Student ID No.: _____

Email Address _____

Academic Major _____ Class Standing (*circle one*): Fr Soph Jr Sr

Campus Address: _____ Address during Internship: _____
 Street _____ Street _____

City, State, Zip _____ City, State, Zip _____

Telephone: () _____ Telephone: () _____

Internship Organization _____	
Address _____	Supervisor during Internship: _____
Street _____	Title _____
City, State, Zip _____	
Telephone: () _____	Telephone: () _____

Work Schedule (Hours/Days):

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

This agreement is for: Fall Winter Spring Summer 20____

Inclusive dates of employment (if known): _____

Credits to be awarded for internship: SOC 406 _____ SOC 410 _____

Term/Year Registered: _____

