



## Internal Internship Contract

### Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

GSU ID number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

### Internship Supervisor Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Number: \_\_\_\_\_

Work Email: \_\_\_\_\_

### Internship Information:

Internship Start Date: \_\_\_\_\_ Internship End Date: \_\_\_\_\_

Name of Organization: Governors State University

GovState Unit Name: \_\_\_\_\_ ex. Athletics or MarComm

Intern's Job Position: \_\_\_\_\_

Projected hours per week: \_\_\_\_\_ Total Projected hours for internship: \_\_\_\_\_

Will this be a paid internship?  Yes  No

Projected payment/hourly rate (if paid position): \$ \_\_\_\_\_ Payment \_\_\_\_\_ Hourly \_\_\_\_\_

Will the Student receive college credit for the internship?  Yes  No

If yes, how many hours of credit? \_\_\_\_\_ Course Prefix: \_\_\_\_\_ Course Number: \_\_\_\_\_

Select Division:  Division of Arts and Letters  Division of Math, Science, and Technology

### Description of Internship:

This section should list a preliminary plan for the internship experience developed jointly by the student and the supervisor. Please attach a file (Word or PDF) of the plan. The plan should outline the duties/tasks to be performed by the student and should indicate the objectives the internship is designed to meet. The plan should include the following:

1. Environment: Description of where the internship is taking place.
2. Scope of the internship (including an intern's work schedule.)
3. Description of the internship, including the purpose of the internship, tasks, activities, and projects that will be completed by the intern, and how they will be evaluated during the internship.

The contract must be approved by the Faculty Supervisor before the student enrolls in the internship course. At the end of the internship, the internship supervisor will use the Internship Evaluation Form to evaluate the intern.



**College of Arts and Science**  
– Dean's Office  
University Park, IL 60484  
P: 708.534.4520  
[www.govst.edu/cas](http://www.govst.edu/cas)

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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**Required Signatures:**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Governors State University Faculty**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Select your Division:

Division of Arts and Letters

Division of Math, Science, and Technology