

DEPARTMENT OF HISTORY
LOYOLA UNIVERSITY CHICAGO

UNDERGRADUATE INTERNSHIP CONTRACT

STUDENT'S NAME

ADDRESS

CITY AND STATE ZIP

PHONE NUMBER

SPONSORING INSTITUTION

SUPERVISOR

ADDRESS

CITY AND STATE ZIP

PHONE NUMBER

E-MAIL ADDRESS

I. DURATION

A. STARTING DATE

B. CLOSING DATE

II. DESCRIPTION OF THE INTERNSHIP

III. OBJECTIVES OF THE INTERNSHIP

SPECIFY THE PROFESSIONAL AND CAREER DEVELOPMENT GOALS TO BE ACHIEVED DURING THIS INTERNSHIP.

IV. STUDENT RESPONSIBILITIES

SPECIFY THE DUTIES AND RESPONSIBILITIES OF THE STUDENT TO THE SPONSORING INSTITUTION. THESE SHOULD BE STATED AS CONCISELY AND CLEARLY AS POSSIBLE IN ORDER TO AVOID UNCERTAINTY DURING THE COURSE OF THE INTERNSHIP AND AT THE TIME OF THE FINAL EVALUATION.

V. SUPERVISOR RESPONSIBILITIES

INDICATE (1) THE ARRANGEMENTS TO BE MADE BETWEEN THE SUPERVISOR AND STUDENT FOR THE PURPOSE OF CONSTRUCTIVE CRITICISM, GUIDANCE, AND ON-GOING EVALUATION; (2) THOSE DUTIES AND RESPONSIBILITIES YOU AND THE SPONSORING INSTITUTION WILL PERFORM TO FACILITATE THE INTERNSHIP OBJECTIVES. PLEASE SUBMIT AN EVALUATION OF THE STUDENT AT THE CONCLUSION OF THE INTERNSHIP.

VI. COORDINATOR RESPONSIBILITIES

(1) THE COORDINATOR WILL MEET REGULARLY WITH THE STUDENT DURING THE COURSE OF THE INTERNSHIP FOR THE PURPOSE OF CONSTRUCTIVE CRITICISM, GUIDANCE, AND ON-GOING EVALUATION. (2) THE COORDINATOR WILL MEET WITH THE INTERNSHIP SUPERVISOR TO REVIEW THE INTERNSHIP EXPERIENCE AS NEEDED.

VII. APPROVAL

STUDENT: _____

Date: _____

SUPERVISOR: _____

Date: _____

COORDINATOR: _____

Date: _____