

INTERNSHIP AGREEMENT

CITY OF SPOKANE

A. TITLE/DURATION OF INTERNSHIP

This internship agreement is between:

Name of Intern: _____

Name of College, University or Trade School where the intern is enrolled:

The intern is a: Sophomore Junior
 Senior Graduate Student

And is under the Faculty Supervision of: _____

And The City of Spokane

The Intern will be hired as: _____

Department of Hire: _____

Under the Supervision of: _____

Working Title: _____ Phone: _____

Supervisor's Title: _____

Start Date: _____ Projected End Date: _____

(Internships must last at least one quarter or semester and may not exceed three quarters or 2 semesters.)

B. LEARNING OBJECTIVES

(1)

(2)

(3)

(4)

(5)

C: ACCOMPLISHMENTS:

Objectives will be accomplished as follows: scholarly project; seminar attendance; job duties; supplemental readings; etc. Please list

D. INTERN EVALUATION DATES

Two evaluations are required – one after the intern has worked one month and a final evaluation at the end of the internship.

First Evaluation Date: _____ Second Evaluation Date: _____

E. COMPENSATION: (Please insert a zero if there will be no compensation.)

The Intern shall be compensated with a salary of _____ per _____,

Dated this _____ day of _____, _____

SIGNED:

Department/Division Head

Faculty Sponsor

Intern Supervisor

Intern