Internship Form

Semester: Fall    Spring    Year

Name of Student:
ID #:
Address:

Phone #:  
E-mail:  

Name of organization:
Address:

Phone #:
Supervisor/person to contact:

For this internship I will carry out the following activities:  
(list here the duties you will be performing, to the best of your knowledge)

I will be spending ____ hours per week for ____ weeks at the organization
(minimum # of hours is 90 per semester)
My learning objectives for this internship are: (indicate what you are hoping to gain from the internship, in the way of new skills, knowledge, and the analysis of women’s issues in the light of your work for the semester).

To have this internship evaluated for 3 credits in WGS 320, I will write a final paper of a total of 15 pages, consisting of two parts:

1. Description and evaluation of (a) the organization and (2) the work I did at the organization (approx. 7-8 pages).
2. An original research paper on a topic deriving from the work I did for the internship (approx. 7-8 pages).

To be filled out by supervisor at placement organization:

I agreed to work with ______________________(name of student) during her/his internship and to write or call in a final evaluation of her/his work at the end of the semester. (This can take the form of a letter of reference if appropriate.) I agree to notify the Director of Women and Gender Studies if any difficulties arise during the internship period.

Name: ________________________________

Title: ________________________________

Phone #: ______________________________

E-mail: ______________________________