Graduate Internship Contract

Name of Intern: _______________________________________________________________________

Name of Organization: ____________________________________________________________________

Address: _______________________________________________________________________________

Name of Intern Supervisor: ________________________________________________________________

Phone number: ____________________________ E-mail address: ________________________________

Beginning Date: _______________ Ending Date: ________________ Hours per week: ________________

Is this a paid internship? ☐Yes ☐No  If yes, amount to be paid: ________________________________

On a separate page(s), provide a description of the internship project and work plan.

Please include the following information:

1) Brief description of the organization
2) Goals of the internship
3) Description of the specific tasks and projects the intern will complete
4) Specific skills necessary for this work
5) Timeline for completion of work
6) Anticipated outcome or product

____________________________________________  _________________________
Supervisor’s Signature  Date

____________________________________________  _________________________
Intern’s Signature  Date

____________________________________________  _________________________
SPP Signature  Date

Please complete and return to:
Satu Zoller, szoller@pubpol.umass.edu
SPP Associate Director
University of Massachusetts Amherst