

# George Mason University

Department of Public and International Affairs  
Internship Program  
Fairfax, VA 22030-4444  
Tel: 703-993-1400

## INTERNSHIP CONTRACT

(To be filled out with workplace sponsor) (Please print clearly)

Student Name \_\_\_\_\_ Number of Internship Credits \_\_\_\_\_

Workplace Sponsor's Name \_\_\_\_\_  
(Include Title, Dr., Ms., Mr.)

Organization \_\_\_\_\_

Address \_\_\_\_\_

Suite/Bldg # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

The undersigned parties agree to the following terms and conditions of the internship to be completed in the \_\_\_\_\_ semester of \_\_\_\_\_. The intern is responsible for  
(Fall/Spring/Summer) (Year)  
seeing that all conditions and requirements are completed on time.

### Workplace Responsibilities:

The workplace supervisor will grade the intern on the following areas:

1) **Development of Competency Skills** (to be chosen in consultation with the Workplace Sponsor).

A) \_\_\_\_\_

B) \_\_\_\_\_

2) **Quality of Work**

3) **Workplace Behavior**

An evaluation form will be mailed to the Workplace Sponsor to complete and return to the Internship Co-ordinator. This evaluation will account for 40% of the intern's grade.

### Comments/Additions

---

---

---

---

I/we agree to the above terms:

\_\_\_\_\_  
(Intern Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Workplace Sponsor Signature)

\_\_\_\_\_  
(Date)