

# University of Oregon Department of Geography Internship Contract

This document represents an agreement between the student, faculty supervisor, and site supervisor regarding the rights, duties, and expectations of all parties during the course of the internship outlined below. For more information, visit the Geography Internship page at: [geography.uoregon.edu/undergrad/internships/](http://geography.uoregon.edu/undergrad/internships/)

## **Student Information:**

Student name: \_\_\_\_\_ 95#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Attach a sheet with the learning objects for the student and how they will use this specific internship to meet those objectives. This will usually be discussed with both the internship supervisor and the faculty supervisor and should be included for approval when this contract is signed.

A brief report is also expected at the midterm period of the internship (by the end of week 6), and the student should submit a two-page reflection on their progress this far and turn in a time sheet that reflects how they have spent their time thus far.

In addition to the completion of a final product for both the Internship Supervisor and the Faculty Supervisor, the student should also be prepared to provide a fifteen minute presentation to the GEOG 399 Professional Development in Geography course on their internship experience, including how they defined their objectives, how those were met, and what they believe the internship has provided them with regards their professional development.

## **Internship Supervisor Information**

Organization name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*If internship site is outside the US:*  
City/ town/ village: \_\_\_\_\_ Region: \_\_\_\_\_ Country: \_\_\_\_\_  
Supervisor name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred method of contact: \_\_\_ Phone \_\_\_ Email

Position Description:

Expected output or product of the internship:

Beginning date: \_\_\_\_\_ End date: \_\_\_\_\_  
Hours per week: \_\_\_\_\_ Number of weeks: \_\_\_\_\_ Total hours: \_\_\_\_\_

*Note: 3-4 hours of internship work per week translates into 1 internship credit hour*

The Internship supervisor should be prepared to fill out an internship evaluation form to submit to the Faculty Supervisor by the same date that the student has agreed to turn in the final product for a grade (see section below). The date agreed upon in the following section is \_\_\_\_\_. The supervisor is also welcome to contact the faculty supervisor independently to offer more feedback to assist in the evaluation of the student's performance.

### **Faculty Supervisor Information**

Faculty supervisor name: \_\_\_\_\_  
Office: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred method of contact: \_\_\_ Phone \_\_\_ Email

In order to receive credit for this internship, the student will report his or her internship activities to the faculty supervisor via \_\_\_ email \_\_\_ in person meeting (choose one) on a \_\_\_ weekly basis, \_\_\_ biweekly basis, or \_\_\_ other \_\_\_\_\_.

Expectations for final product (written summary, report, portfolio, etc.) and due date (usually the second day of finals week of the term the internship is completed). The final product should include a reflection on strengths, weaknesses of the internship, how the student met his/her goals of the internship, and how this experience has influenced his/her potential path as a geographer.

## Signatures

The signatures below represent an agreement between the student, faculty supervisor and internship supervisor about their respective roles and responsibilities with regards this specific internship.

*Note: If the internship is not local and it is logistically difficult to get all signatures, the student should work with faculty and the internship coordinator to accommodate these circumstances.*

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

***The student should provide copies of all relevant paperwork for themselves, the faculty supervisor, the internship supervisor and the internship coordinator***