

Old Dominion University
Work and Professional Studies Internship

Contract

Initial Meeting Date/Time: _____

Final Paper Meeting Date/Time: _____

STUDENT CONTACT INFORMATION:

First Name: _____ Last Name: _____

UIN: _____ ODU Email: _____

Phone: _____

POSITION INFORMATION:

Intern/Co-op Site: _____ Web Site: _____

Supervisor Name: _____ Email: _____

Supervisor Phone: _____

Address: _____

Hours/Week: _____ Rate/Hour: _____

Start Date: _____ End Date: _____

- Attach your position description, offer letter, or describe in detail your intern/co-op role and responsibilities in an attached document; list duties, projects, learning goals to be completed, deadlines, etc.

ACADEMIC INFORMATION:

Semester: _____ Year: _____

IDS 368 CRN#: _____ Credits: _____

A pass/fail grade for this course will be issued only if the following criteria are met:

1. Registered in eRecruiting and approved as internship ready
2. Completion of required hours in the Internship/Co-op position as required by major
3. Completion of Time Sheet and Journal, approved by supervisor, submitted to faculty advisor as required by major
4. Completion of Final Paper
5. CMC Evaluation Completed

As the student participant in the IDS Internship, I take full responsibility for the above requirements.

Student Signature/Date: _____

Supervisor Signature/Date: _____

Faculty Signature/Department/Date: _____

Return this completed form to the WPS program before you begin your internship