Internship Contract
Department of Geography, University of Oregon

Student Name: ______________________________ Term / year: ______________
Student ID number: ______________ Number of credits: ________
Faculty supervisor and email: ________________________________________________

Description of Internship: On an attached sheet describe the organization, agency or business you will be working with; outline the project(s) you will be working on, include weekly hours and specific duties and responsibilities.

On-site supervisor: _______________________________________________________

Phone number: ______________________________

Email: ________________________________________________

In order to receive credit for this internship, the student will report back his/her internship activities to the faculty advisor via email on a

☐ weekly basis     ☐ biweekly basis
☐ other __________

At the end of the internship, by the second day of finals week, the student will produce the following in order to receive credit (this could be a brief written summary; products for a portfolio; a paper etc.):

Facility internship advisor signature: _______________________________

Student signature: ____________________________________________________

On-site supervisor signature: ___________________________________________

This signature indicates that the on-site supervisor approves the internship description and is aware of the need to communicate with the faculty advisor at the end of the internship about its adequate or inadequate completion. Communication can be done via phone or email.