



Economics Internship Program
 Department of Economics, MS 3G4, Fairfax, Virginia 22030
 Phone: 703-993-1151; Fax: 703-993-1133

INTERNSHIP CONTRACT

(To be filled out with workplace sponsor)

Student Name _____ Internship Credit Hours _____

Hours / week _____ # of weeks internship expected to last _____

Workplace Sponsor’s Name (include Title) _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

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

Workplace Responsibilities:

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

- 1) Quality of Work
- 2) Workplace behavior

The student will give the Evaluation form to the Workplace Sponsor to complete and return. This evaluation will provide the primary basis for the student’s grade. The student will not receive academic credit if the Sponsor judges the performance to be unsatisfactory. Otherwise, providing other outputs are also acceptable, the student will receive a grade of “Satisfactory.” (The student will also write a short paper reflecting on the internship experience to be graded by the Undergraduate Director.)

I/we agree to the above terms:

 (Intern Signature) (Date)

 (Workplace Sponsor Signature) (Date)