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