Internship Employer Agreement Form

The policy internship is an academic requirement of the Ford School Master of Public Policy program. This 10-week full-time internship allows students to apply their knowledge and skills to significant problems in the public, private, or non-profit sectors, and provides an opportunity to develop and enhance skills in areas of professional interest. Work accomplished during the summer is expected to be policy-focused, challenging, and of significance and value to the internship organization.

STUDENT INFORMATION:

Name: ____________________________________________ Telephone: ________________________________
Email: ____________________________________________ Expected graduation date: ______________________
Degree(s): _______________________________________

INTERNship INFORMATION:

Internship organization name: ________________________________________________________________
Department: _______________________________________________________________________________
Street address: ____________________________________________________________________________
City: ___________________________________________ State: ________________________________
Country: ___________________________________________ ZIP: _________________________________
Supervisor’s name: ___________________________________________ Supervisor’s title: _________________
Email: ____________________________________________ Telephone: ________________________________

POLICY AREA(S): Please check the policy area(s) which best reflect the nature of your internship work.

☐ Consulting         ☐ Labor Policy
☐ Economic/Community Development ☐ Law
☐ Education          ☐ Nonprofit/Public Management
☐ Environmental Policy ☐ Research
☐ Finance/Banking/Budgeting   ☐ Science & Technology
☐ Government Relations/Lobbying ☐ Tax Policy
☐ Health Policy       ☐ Social Welfare Policy
☐ Housing Policy      ☐ Trade/Commerce
☐ Human Rights        ☐ Transportation
☐ International Development ☐ Urban Policy
☐ International Policy/Foreign Affairs ☐ Other: ____________________________________________

(over)
Please complete the next sections in conjunction with your employer. Feel free to attach additional sheets describing the nature and scope of the internship, if necessary.

**INTERNSHIP DATES:**

From: ____________________________ to: ____________________________

Hours per week: ____________________________

**DESCRIPTION AND MISSION OF ORGANIZATION:**

**SPECIFIC PROJECTS AND INTERNSHIP RESPONSIBILITIES:**

**COMPENSATION:** *(hourly rate, stipend, timeline of payment)*

**WORK SPACE AND RESOURCES:** *(desk, cubicle, computer, etc.)*

**SUPERVISION:** *(including mentoring and exposure to key people in the organization and policy field that the intern can expect as part of this internship)*

Supervisor signature________________________________________ Date:_______________________________

Student signature___________________________________________ Date:_______________________________

A completed and signed agreement form must be submitted before the start of your internship. Mail forms to: Graduate Career Services, Gerald R. Ford School of Public Policy, 2200 Weill Hall, Ann Arbor, MI 48109-3091 or fax: (734) 615-9674.