

INTERNSHIP CONTRACT (PPD 301, PPD 543 & MPL)

CAn dana Nama		LICC ID No.			<i>Taian1</i>	C44:
Student Name:		USC ID No:			Major/Concentration:	
Program (please check one box): □ PPD 301 □ PPD 543 □ MPL (No Class)		Professor (for PPD 301 or 543 only):		y) : S	Semester & Year:	
Address:		USC Email				
City:	State:	Zip Code:	Phone:	Phone:		
Name of Agency/Organization	Website Address:					
Address:		City:	City: State:			Zip Code:
Supervisor Name:		Supervisor Title:				
Email:		Phone:	Phone:		Fax:	
Position student will hold:			Total # of hours st		cudent will work:	
Start Date:	End Date:	Volunteer (check of ☐ Yes ☐ No	Volunteer (check one): ☐ Yes ☐ No		Hourly Wage (if applicable):	
This internship is designed to						
Brief description of position, including duties, assignments etc:						



CONTRACT ACCEPTANCE:

Contract must be filled out completely with detailed information, otherwise contract will be returned for additional information.

WORK SCHEDULE:

The work schedule is to be arranged by the intern and the supervisor. The supervisor and the intern will take into consideration the organization's regular business hours and the interns' class assignments in determining the work schedule. The intern is required to keep a log of the hours worked during the internship and the supervisor must sign the log at the conclusion of the internship.

DIRECTIONAL SUPERVISION:

The supervisor will confer on a regular basis with the intern to give directions and aid, and to review the status of the assignment(s). The supervisor will also provide the intern with administrative training and an overview of the general operations of the organization.

UNPAID/VOLUNTEER:

As a participant in the volunteer/unpaid internship program, I am participating in this program voluntarily, and I agree that I will not hold the University of Southern California, its officers or agents, or my sponsor's organizations, its officers or agents, liable for any injury that I may sustain in this capacity. I hereby release the University of Southern California and the School of Policy, Planning, and Development, and my sponsor from any liability whatsoever for damages to my person or property incidental to my participation in this volunteer/unpaid internship.

EVALUATION:

The supervisor must complete an evaluation at the conclusion of the internship to assess the intern's on-the-job performance and the achievement of the internship goals.

Student Signature:	Date:
Supervisor Signature:	Date:

PLEASE ATTACH A CURRENT RESUME & RETURN FORM BEFORE START OF INTERNSHIP TO:

Office of Career Services In Person: RGL 108 Email: sppdocs@usc.edu Fax: (213) 740-7573

Note: You will be contacted by the Office of Career Services within 7-10 business days if your contract has been approved. An <u>Internship Log of Hours</u> and <u>Supervisor Evaluation</u> must be returned to Career Services at the completion of the internship.

FOR OFFICE USE ONLY						
Remarks:						
□ Approved □ Denied		Data Entry:				
Signature:	Date:	Email Date:				