

## POLITICAL SCIENCE INTERNSHIP LEARNING AGREEMENT (ILA)

### INTERNSHIP CRITERIA

**Internships that do not meet these criteria will not be approved.**

1. Internship work experiences are substantive and challenging and relate to the intern's education.
2. A Site Supervisor provides on-going supervision. The supervision should include regularly scheduled meetings in which the student has opportunities for questions and feedback. The Site Supervisor must be a professional in a field related to the student's major. A student's relative may not be involved in supervision.
3. The Site Supervisor provides orientation to the work site and training for specific job duties.
4. The internship must take place in a professional setting. In-home settings are not ordinarily acceptable.
5. The internship experience must meet the criteria of the departmental internship course description.
6. The Course Instructor must be from the department in which the internship credit will be awarded.
7. The Course Instructor and Site Supervisor must be different people.
8. The ILA must be completed with all signatures by the end of the first full week of classes for the term in which credit is sought.

**Intern Initials and Date:** \_\_\_\_\_

**Site Supervisor Initials and Date:** \_\_\_\_\_

**Incomplete or late forms will not be accepted.**

### STUDENT INFORMATION

Intern: last, first	Declared Major/Minor:		
	Student ID #:		
Current Class Level: <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> G	Term: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
Current Address:  Street	apt	city	state zip
Current Telephone: ( ) -	CSUSB Email:		
Name of Emergency Contact:			
Telephone of Emergency Contact: ( ) -			

### INTERNSHIP SITE INFORMATION

Organization:  Website Address:	Telephone: ( ) - Ext:		
Site Supervisor: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name:	Job Title:		
Address:  street	City	State	Country
Fax: ( ) -	Email:		
Start Date (mm/dd):	End Date (mm/dd):	Hours Per Week:	

## **REGISTRATION INFORMATION**

Internship Instructor:	Department:
Course#: (refer to Academic Catalog)	# of units: <input type="checkbox"/> 4 (PSCI 575D) <input type="checkbox"/> 2 (PSCI 575B) (refer to Academic Catalog description)
Previous Internships (for credit) Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when was your internship completed? Quarter/Year

## **DESCRIPTION OF INTERNSHIP**

The student must record responses and provide answers with specific details to each of the following questions:

1. List your primary learning objectives in the areas of academic learning, professional learning, and personal learning. Describe what you hope to learn and accomplish from this experience.
2. Provide a job description outlining your specific responsibilities, projects, and/or tasks.

## **REQUIRED ASSIGNMENTS**

The student understands that failure to complete the following assignments may result in a grade of "No Credit" for the course.

### **1. Update Instructor on Activities: 3<sup>rd</sup> and 6<sup>th</sup> Week of Term**

The student, by office visit or email, must contact the course instructor and provide an update on the progress of the internship. The student must, at minimum, contact the instructor during the 3<sup>rd</sup> and 6<sup>th</sup> weeks of the term in which the student is enrolled in the internship course.

### **2. Paper Due on Friday before Finals Week**

The student shall write a 500-word paper describing the duties performed during the internship and to what extent this experience has enhanced his or her education. This paper must be turned in to the instructor by the Friday before finals week. The student may turn in the paper as an email attachment or as a hard copy. Failure to turn in the paper by this date may result in a grade of "No Credit."

## **INTERN CHECKLIST**

- Refer to the following checklist and initial before submitting your ILA:

- **I have read and signed the liability waiver form (EO-1051)**
- I have read and understand the course syllabus.
- I understand that failure to complete the required assignments will affect my grade
- All sections and lines of the ILA form are *completed, dates specified where indicated*
- ILA form has all required signatures and initials
- For withdrawals or incompletes during fall, winter, spring, and summer internships, follow the dates on the Academic Calendar.
- Keep in mind how 2-4 credits will affect your courseload. If you will be in credit overload, you must petition for a course overload.

**Intern Initials and Date:** \_\_\_\_\_

**AGREEMENT**

**Please read and sign below.**

I agree with and accept the academic and work assignments within this agreement. I understand and will adhere to the internship registration procedure. I will complete all work and academic assignments to the best of my ability. I accept the obligation of confidentiality in my work and will familiarize myself with and adhere to the employer's relevant policies/procedures, including those pertaining to criminal background checks, and appropriate standards of ethical conduct.

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**Intern First Name, Middle Initial, Last Name**

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**Intern Signature**

**Date**

**Site Supervisor:** I have discussed this internship with the intern and we have agreed upon the Internship Criteria and the assigned work components appearing above. I agree to provide assistance, training, and consultation to the intern. I also agree to provide a professional work environment for the intern that enhances the intern's education. During the internship period, the student will be covered by applicable safety and other work-related rules, including those about inappropriate behavior. I further agree to arrange the intern's orientation on such rules. I also agree to meet with the intern regularly.

Section below to be completed by Site Supervisor:

Compensation:	<input type="checkbox"/> Wage/Stipend	<input type="checkbox"/> Unpaid	<input type="checkbox"/> <i>Other Reimbursement:</i>
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**Site Supervisor First Name, Middle Initial, Last Name**

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**Site Supervisor Signature**

**Date**

**Course Instructor:** I have reviewed the intern's ILA and determined that the student has taken the appropriate steps to register for the above-stated internship course. I further agree to discuss the internship experience with the student, as needed. I will evaluate the intern based on the following: relevant communication from field supervisor about performance at the internship site, ability to reach the learning objectives, and completion of written work, or other project.

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**Course Instructor Signature**

**Date**

**Department Chair:** I have reviewed the intern's ILA and approve the academic plan of study.

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**Department Chair**

**Date**

<b>Office use only</b>								
Date received in Dept office	_____	Entered in Dept file	_____	Copied & Sent to:				