



Internship Program
 Department of Political Science
 101 Braddock Road
 Frostburg, MD 21532-2303
 Office (301) 687-4080
 Secretary (301) 687-4386
 FAX NUMBER (301) 687-4760

Internship Agreement Form

Intern's Name: _____

Address (during internship) _____

Telephone _____

E-mail _____

Site Supervisor's Name: _____

Title _____

Address _____

Telephone _____

E-mail _____

Faculty Supervisor's Name *Tim Magrath*

Dates of Internship _____

The undersigned agree to participate in the Political Science Internship Program during the _____ semester.

Student's Signature

Date

Site Supervisor's Signature

Date

Faculty Supervisor's Signature

Date