

**Illinois State University
WGS 398: Professional Practice: Internship in
WGSS Agreement Form**

Name: _____

UID #: _____ Major _____

Name of Internship Organization:

On-site Internship Supervisor:

Phone: _____ Email: _____

Internship Start Date: _____ Total Credit Hours: _____

Work Schedule/Hours: _____

Duties Associated with Internship:

Completed Project Proposal: _____ Yes _____ No

Please attach a 2-3-page proposal detailing your WGS 398 work and rationale for doing the internship.

Completed Health Insurance Form: _____ Yes _____ No

As the site supervisor, I approve the above information for the student's WGS 398 course:

Internship Site Supervisor

Date

As the student of record, I have carefully read and agree to adhere to all of the policies and procedures regarding WGS 398:

Student Signature

Date

I approve of this project as articulated in the submitted paperwork:

WGSS Director/Assistant Director Signature

Date