

**DEPARTMENT OF POLITICAL SCIENCE & GEOGRAPHY  
INTERNSHIP CONTRACT  
POLS 368**

STUDENT'S NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

CREDITS: \_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_

NAME OF OFFICE: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

SUPERVISOR (NAME AND TITLE): \_\_\_\_\_

\_\_\_\_\_

INTERNSHIP RESPONSIBILITIES: (hours per week, ob/project description, etc.)

STUDENT'S SIGNATURE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

FACULTY INTERNSHIP DIRECTOR'S SIGNATURE: \_\_\_\_\_

**OLD DOMINION UNIVERSITY  
DEPARTMENT OF POLITICAL SCIENCE AND GEOGRAPHY  
INTERNSHIP PROGRAM  
STUDENT ACTIVITY RECORD**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

INTERNSHIP OFFICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME WORKED: \_\_\_\_\_ # OF HOURS : \_\_\_\_\_

DATE	TIME WORKED	# OF HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL HOURS WORKED: \_\_\_\_\_

CERTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**OLD DOMINION UNIVERSITY  
DEPARTMENT OF POLITICAL SCIENCE AND GEOGRAPHY  
OFFICE SUPERVISOR'S EVALUATION FORM  
FOR INTERNSHIP PROGRAM**

STUDENT'S NAME: \_\_\_\_\_

SEMESTER/YEAR: \_\_\_\_\_

LOCATION: NORFOLK: \_\_\_\_\_ WASHINGTON, DC: \_\_\_\_\_

OTHER: \_\_\_\_\_

NAME OF OFFICE: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

SUPERVISOR'S EVALUATION:

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_