This is an agreement between the agency listed below, the student intern, and the George Washington University Women Gender and Sexuality Program. After all parties have signed the agreement, the student intern returns one copy to the placement supervisor, one copy to the Practicum lecturer, and keeps one copy.

Student's name:
Email:
Tel:

Agency name:
Address:
Tel:

Supervisor:
Supervisor email:
Supervisor tel:

Placement assignment (specific assignments and responsibilities to which the intern will be assigned/responsible):

Expected accomplishment(s) or product(s):

Work schedule:
The Agency Agrees:
• To provide the intern with an appropriate orientation to the organization, and the training, guidance necessary to carry out the assignments;
• To allow the intern to access meetings, information, documents, and activities of the organizations that will enhance their general understanding of its work and the policy process; and
• To communication with the WGSS program in a timely fashion if difficulties arise that cannot be resolved with the student intern.

The Student Agrees:
• To work the hours agreed over the course of the placement on tasks/projects assigned;
• To meet work standards and scheduled established by the supervisor;
• To represent the organization and the WGSS program in a professional manner and to protect the confidentiality of information obtained as an intern;
• To participate in the Practicum seminar and complete assignments for that course; and
• To bring attention to the WGSS program in a timely fashion any difficulties that arise that cannot be resolved with the supervisor or need to be renegotiated.

The Women Gender Sexuality Studies program agrees:
• To provide materials, guidance and training in the practicum seminar that will support the student in their internship role and in preparation for the class; and
• To provide appropriate liaison between the WGSS program, the organization, and the student intern.

Student _______________________________   Date: _________________
Organization ____________________________   Date: _________________
Faculty _________________________________   Date: _________________