



Sociology 489
Department of Sociology
Internship and Professional Practice Program
141 Townshend Hall
Phone: (614) 292-1175 Fax: (614) 292-1227

Internship Agreement: Supervisor's Information

EMPLOYER/SUPERVISOR'S INFORMATION

PLEASE PRINT OR TYPE

(To be completed by the employer/supervisor)

Student's Name

Company (Work Station) Name

Phone Number & Fax Number

Company Address

City, State & Zip

Web Address (if available)

Name and Title of Intern's Supervisor

Supervisor's E-mail Address

Are You an OSU Alum: **Yes** **No**

If so, please indicate year of graduation, degree(s), and major(s):

Year of graduation & degree(s)

Major(s)

Please provide a brief overview of intern's responsibilities this internship period. Or, in place of the overview, you may attach a current job description: _____

Supervisor's Agreement

This company or agency (also called the work station) agrees to provide a structured internship experience that will provide the student with the opportunity to enhance his/her theoretical understanding of work, to apply concepts and skills developed through classroom education, and to develop new skills. The work station also agrees to: review safety precautions and standards, provide work site supervision, to evaluate the interns performance at the end of the internship period, and to report the total hours the student spent at the internship.

Internship Supervisor's Signature

Date



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Internship Agreement: Student's Information

STUDENT'S INFORMATION (Please print clearly)

Student's Name _____

Social Security Number _____

Address _____

Phone Number _____

City, State & Zip _____

OSU E-Mail Address _____

Major(s) _____

Current Rank _____

Quarter/Year of Graduation _____

Quarter Enrolled In SOC 489 _____

REPEAT SOC 489 STUDENT Yes No

Number of SOC 489 Credits enrolled in (30 work hours are required for each 1 credit hour) _____

This internship is: **PAID** **UNPAID**

How did you find your internship?

- | | | |
|---|--|--|
| <input type="checkbox"/> Advisor | <input type="checkbox"/> Sociology Department | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Already Employed There | <input type="checkbox"/> Club | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> ASC Career Services Office | <input type="checkbox"/> Cold Calling/Direct Contact | <input type="checkbox"/> Jobtrak |
| <input type="checkbox"/> Bulletin Board | <input type="checkbox"/> Family | <input type="checkbox"/> Newspaper Advertisement |
| <input type="checkbox"/> Class | <input type="checkbox"/> Friend | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Professor | <input type="checkbox"/> Hall Council | |

I give the Sociology Internship Program permission to use excerpts, anonymously and confidentially from my reports/résumé for Departmental publicity & educational purposes (this is optional): _____ **YES** _____ **NO**

I am willing to serve as a contact for ASC Career Services (for the purpose of informational interviews with other students and possibly to serve on career information panels)(this is optional): _____ **YES** _____ **NO**

Student's Agreement

I agree to abide by the requirements that govern the Department of Sociology Internship Program and have received a copy of these requirements as outlined in the Enrollment Form and/or Syllabus. I understand that failure on my part to complete any of the requirements in a timely manner will result in the assignment of an unsatisfactory grade. I acknowledge that I have received satisfactory information from my internship organization concerning the risks of working at the site of my employment (internship). I hereby release The Ohio State University, its trustees, officers and employees from any liability for injuries or damages sustained while participating in the Department of Sociology Internship Program, other than those injuries or damages that are directly attributable to the negligent or intentional acts of university employees. I understand that any damages sustained by the (internship) employer as a result of my conduct are my responsibility.

Student's Signature _____

Date _____

Sociology Internship Program Information

The Department of Sociology will provide guidance and supervision for any of the requirements associated with the student obtaining academic credit for this internship. We will also assist the participating work station and student with all related matters.

Sociology Internship Coordinator's Signature _____

Date _____