

SUNY GENESEO
SOCIOLOGY DEPARTMENT
INTERNSHIP PROGRAM CONTRACT

SEMESTER Spring Summer I or II Fall 20_____

_____ **SOCL 477** Senior Capstone: Internship Experience (*3 credits only*)

Student Name _____ G# _____

Address during internship _____ Phone _____

Faculty Director _____ Phone _____
Fax _____

Field Supervisor _____ Phone _____
Fax _____

Company/Agency Address _____

Location of project workplace (**if different from company/agency address**)

Duration of Field Responsibilities

From: _____ To: _____
DATE DATE

WEEKLY SCHEDULE FOR FIELD CONTACT

Hours:

Location:

Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

DESCRIPTION OF FIELD RESPONSIBILITIES:

DESCRIPTION OF ACADEMIC RESPONSIBILITIES:

Intern Evaluation - The faculty director will determine the final grade by using the following factors:

Written/graphical report	_____ %	Work experience evaluation	_____ %
		By field supervisor	
Oral report	_____ %	Academic assignments	_____ %

APPROVAL OF THIS CONTRACT:

Student _____ Date _____

Field Supervisor _____ Date _____

Faculty Director _____ Date _____

Department Chairperson _____ Date _____

It is understood that the student intern shall keep confidential any information designated by the sponsor as privileged.