**Dorothy F. Schmidt College of Arts and Letters** Department of Political Science

777 Glades Road

SO 44, Room 392

Boca Raton, Florida 33431-0991

tel: 561.297.3210

fax: 561.297.2997

**Internships**

**Employer Registration Form**

Student Name:

Organization/Company/Agency:

Contact Title

Street Address

City State Zip Code

Telephone Email

Internship Title:

Supervisor Title

Telephone Email

Term intern is needed: Fall Spring Summer

Total Number of Hours per Week \_\_\_\_\_\_ (12-16 hours Semester, 16-20 hours Summer)

# of credit hours requested by the student for this internship: 1 2 3

Internship is \_\_\_\_\_ Unpaid \_\_\_\_\_ Paid (salary rate of $\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_)

\_\_\_\_\_ Paid (Financial Aid Stipend $\_\_\_\_\_\_\_\_\_\_\_ per semester)

General description of the tasks, duties and expectations of the agency/organization:

Student Signature: Date:

Internship Director: Date:

Agency/Organization: Date:

*An Equal Opportunity/Equal Access Institution*