Independent Study (Internship) Agreement

Global Inclusion and Social Development Program, University of Massachusetts Boston

Independent Study as Internship Instructions and Guidelines:

1. Identify an organization or community member with whom you would like to work with; and a placement contact who will serve as the site supervisor for your internship.
2. Contact GISD program coordinator who will advise and supervise the placement and ensure that it is a significant educational experience.
3. Prepare a brief description or proposal of the internship for the purpose of GISD and your site supervisor (see questions below). What would you like to accomplish? What do you hope to learn? What are the expectations of the organization/community member and description of duties you will most likely perform as part of your experience (or use an existing description of the internship role and range of responsibilities).
4. After the program coordinator and organization agrees to your internship proposal, you must complete this form, which must then be signed by you, the faculty or community member who will supervise you, your faculty advisor and the Graduate Program Director, Sheila Fesko.
5. Once you have obtained all the signatures, you will be registered for the class (GISD 696).

Keep a copy of this form!

Student Name: ______________________________________________________________

Student Email: ______________________________________________________________

Date: ______________________________

Semester to begin Independent Study/Internship: ___________________________Start date:________________

Semester to complete Independent Study/Internship: ________________________End date:________________

Information about Organization/Community Member where Internship will take place:

Organization/Name: __________________________________________________________

Site supervisor name: ________________________________________________________

Address: ___________________________________________________________________

Phone:________________________ Email:__________________________________________
Number of Credits: ______________

Degree Program: _________________________________________________________

**Brief rationale for pursuing an Internship as an Independent Study and relation to Academic Program and Goals:**

_____________________________________________________________________

_____________________________________________________________________

Internship Objectives and Goals (what do you hope to accomplish):

_____________________________________________________________________

_____________________________________________________________________

Description of Expected Duties and Assignments/Scope of work (or attach existing description of internship with this form):

_____________________________________________________________________

_____________________________________________________________________

Expected Outcomes (what do you hope to learn?):

_____________________________________________________________________

_____________________________________________________________________

**Additional Internship Details:**

- How many hours a week do you expect to work? ______________
- Will you work on-site, remotely, or a combination? _____________________________
- Is the position paid or un-paid? ________________________________
Approval Signatures (5 signatures required for enrollment):

Student: ________________________________ Date:
Internship site supervisor: ________________ Date: _______
GISD supervisor/program coordinator: _____________ Date: _______
Student’s Faculty Advisor: __________________________ Date:
Graduate Program Director: __________________________ Date: