POSC 498 **INTERN-SPONSOR AGREEMENT FORM** Version (06/2026)

Director of Internships: Dr. Daniel Bottomley (dbott@udel.edu)

Semester of Internship: _____ Date this form was completed: _____

Intern Information

Intern's Name: _____ Semester & Year of Expected Graduation: _____

Intern's major/minor/concentrations: Email: _____

_____ UDSIS Number: _____

Internship Description

Position Title: _____
Organization Providing Internship: _____
Organization Mailing Address: _____
_____

Name of Supervisor of Internship: _____
Internship Supervisor's Title: _____
Telephone Number: _____
Email Address: _____

Internship Parameters

Beginning Date of Internship: _____ Ending Date of Internship _____

Approximate Hours of Work per Week: _____ Total Number of Weeks _____

Total Number of Credit Hours to be Registered: _____ Total Number of Hours of Work: _____
*Note: 40 hours of work are required for each credit hour registered.

Intern: How will this internship relate to your academic studies? _____
_____

Sponsor: Brief Description of Tasks: _____
_____
_____

Sponsor: Anticipated Benefit to Intern: _____
_____

Supervisor's Signature: _____

_____ (Supervisor Initial here) "I confirm that the work hours and the description of the tasks specified above are accurate and realistic for the specified work period. I also understand that an intern evaluation form must be filled out and submitted by me at the conclusion of the internship."

Intern's Signature: _____

_____ (Intern Initial here) "I have read and agree to the Internship Student Responsibilities as listed at www.poscir.udel.edu/ >> undergrad >> internships."