



Department of Criminology & Criminal Justice
CCJS Undergraduate Advising
 2201 LeFrak Hall
 College Park, MD 20742-8235
 Tel (301) 405-4729 Fax (301) 314-9355

CCJS389H Internship Contract

Student Information

Name: _____

E-mail Address: _____

UID: _____

Semester and Year Interning: _____

Phone Number: _____

Attempted Internship Credits: _____

Internship Agency Information:

Agency Name: _____

Supervisors Name: _____

Agency Address: _____

Supervisors E-mail: _____

Supervisors Phone Number: _____

Is receiving credit an agency requirement? YES / NO

Internship Information:

Internship Start Date: _____

Internship Hours Per Week: _____

Internship End Date: _____

Honors Director Approval: _____

Specific Duties and Responsibilities of Intern:

*If more space is needed, please attach a description

Signatures of Approval:

 Direct Supervisor of Intern

 Student Signature

Advising Office Use Only:

CCJS Major ____ GPA ____ 56 cumulative credits ____

CCJS Advisor Signature: _____

Date/Stamp: _____