

SUFFOLK UNIVERSITY
Department of Government

Government Internship Program

PLACEMENT AGREEMENT

Student's name: _____

Address _____

Telephone: _____

PLACEMENT:

Name of office or agency: _____

Name and title of immediate supervisor: _____

Agency address: _____

Email: _____ Telephone: _____

Intern's duties, including hours and responsibilities:

Approved by:

(intern) (date)

(supervisor) (date)

(faculty sponsor) (date)