



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: