

**Department of Political Science and International Affairs
Master of Public Administration Program**

INTERNSHIP AGREEMENT

This form serves as an agreement among the student, site supervisor, and faculty advisor on the objectives and plans for an internship to meet the requirements of the KSU MPA program. The following sections should be completed by the student after consultation with the site supervisor and faculty advisor. The faculty advisor may require revision before final approval. General requirements for the internship are described in the PAD 7985 syllabus. A copy of the syllabus and of the MPA learning objectives should be provided by the student to the site supervisor.

I. STUDENT INFORMATION

Name:

Address, telephone number, and email address:

II. INTERNSHIP SITE INFORMATION

Internship site:

Site supervisor:

Site supervisor's office address, telephone number, and email address:

III. INTERNSHIP OBJECTIVES AND ACTIVITIES

The description of the internship objectives and activities below is understood to be tentative. Any changes must still align with learning objectives of the MPA program and should be approved by the faculty advisor.

List the internship objectives using the SLOs adopted by the KSU MPA program (see syllabus for full text of SLOs).

1.3 good written and oral communication

2.1 explaining policymaking, implementation, administrative procedures

3.1 explaining theories of government organization, structure, mgt, leadership in democracy

3.2 using analytical methods to create research designs and to engage in scholarship

3.3 evaluate public policies and write reports

5.2 evaluate concepts like efficiency, equity, empathy, responsiveness, and effectiveness

Describe the activities that will be undertaken to work toward the learning objectives. Identify which activity will serve as the basis of the focal project for the internship paper.

IV. SIGNATURES

Sign upon approval of the faculty advisor.

STUDENT

By signing below, I commit to 300 hours of internship service as described above.

Signature of student:

Date:

SITE SUPERVISOR

By signing below, I agree to supervise the internship as described above.

Signature of site supervisor:

Date:

FACULTY ADVISOR

By signing below, I agree to supervise the internship as described above.

Signature of faculty advisor:

Date: