Internship Placement Form

Student Name: ___________________________ Student ID: _____________________________

Telephone: _______________ Email: _____________________________

Semester: Fall / Spring / Summer / Summer I / Summer II Year: ____________

CRIM 4994 Internship (Undergraduate) Credits: 4 SH
CRIM 7500 or 7502 Internship (Graduate) Credits: 3 SH

The internship course requires that the student secure an unpaid 8-10 hour per week internship for the duration of the semester and complete all of the course requirements as described in the syllabus provided (Summers I or II require 16-20 hours per week). Through completing this placement form, the student agrees to all course and work requirements and requests to be registered for the internship course for the semester indicated above. To complete your registration, please return the completed form to: Assistant to the Associate Dean, Laurie Mastone, School of Criminology & Criminal Justice prior to the first day of classes.

Agency Name, Mailing Address, Field Supervisor’s Name and Email Address (required):
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

The above named student has secured an internship for the ____________ semester (which runs from __________ through ____________), and has agreed to work _______ hours per week, _______ day(s) per week. The student is responsible for notifying both the agency supervisor and the internship coordinator if s/he needs to miss any days of work due to illness or other circumstances. The agency supervisor agrees to complete and return a brief intern evaluation form at the end of the semester. The supervisor’s evaluation of the intern’s work over the semester will count towards the student’s grade in the internship course. The agency supervisor should feel free to contact Associate Dean Natasha A. Frost with any questions or concerns over the course of the semester. email: n.frost@neu.edu phone: 617.373.4076.

_________________________________________  ___________________________ __________
Student Name Student Signature  Date

_________________________________________  ___________________________ __________
Field Supervisor Name Field Supervisor Signature  Date

_________________________________________  ___________________________ __________
Internship Coordinator Internship Coordinator Signature Date