The University of Alabama at Birmingham
Department of Government

MPA Student Internship Initiation Form

Name____________________________________________________

MPA Concentration________________________________________

Name of Organization _______________________________________

Address ___________________________________________________

Address 2 __________________________________________________

City ___________________ State ______________________________

Contact Person __________________________________________

Contact Phone _________________________ Fax ______________________

Contact e-mail __________________________________

Internship Start Date _________________ Internship End Date _________________

3 or 6 Credits hours? _______________________

Your commitment for this internship involves the following:

(1) You agree to work (circle one) 10 or 20 hours per week at the above-listed organization. (10 hours for 3 internship credit hours, 20 for 6 internship credit hours).

(2) You agree to keep a journal of your internship experience. The journal should contain, at a minimum:

- A record of which projects you worked on each week and the approximate time spent on each project
- A reflective element- How has your coursework prepared you for this? What do you like about what you are doing? What don’t you like? What are you learning? In general, you should expect to have written about ¾ to a full page of journal for each week.

___________________________ ______________
Student  Date

___________________________ ______________
Faculty Internship Coordinator  Date