



School of Community and Regional Planning

Masters of Community and Regional Planning (MCRP)

Internship Agreement Form

Guidelines for Completion: This form must be received before commencement of any internship, and should be submitted along with the Waiver of Liability Form. This form is to be initiated by the student, and must be submitted electronically to the online internship portal.

| STUDENT & ORGANIZATION INFORMATION | | | |
|------------------------------------|--|--------------------|--|
| Student Name | | Student Number | |
| Faculty Advisor Name | | Supervisor's Name | |
| Organization Name | | | |
| Organization / Supervisor Address | | | |
| Supervisor's Phone | | Supervisor's Email | |

Please note that an internship program could be the basis of a student's capstone project. For more information, please connect directly with the Faculty Advisor.

| INTERNSHIP INFORMATION | |
|---|--|
| Topic | |
| Final Project Format | |
| Paid or Unpaid? | |
| How did you find out about this opportunity? e.g. Internship job portal, Weekly digest, internship reception, online job bank, faculty supervisor, other students, mentorship program, etc? | |
| | |

| INTERNSHIP SCHEDULE | |
|--|--|
| Internship Start Date | |
| Internship End Date | |
| Expected date of submission of learning objectives (within first 20 hours) | |
| Expected date of Midpoint Check-In | |
| Date Internship Project Submitted to SCARP | |



Frequency of hours with the internship provider. Is the internship to be undertaken on a full-time or part-time basis? Please explain schedule in detail.

AKNOWLEDGEMENT

All parties attest to having read and agree to abide by the Internship Outline.

The student agrees to maintain the above schedule, and the Faculty Advisor and Internship Supervisors agree to monitor progress.

The student agrees to submit the Waiver of Liability in conjunction with this form in order to be registered in the internship course.

The student has consulted with their faculty advisor about the suitability of this internship.

| | | |
|-----------------------------------|------------------|------------------------|
| <i>Student Name</i> | <i>Signature</i> | <i>Date (yy/mm/dd)</i> |
| <i>Internship Supervisor Name</i> | <i>Signature</i> | <i>Date (yy/mm/dd)</i> |