

Formal Agreement Professional Practice – Legal Internship (LGS 398A20)
Department of Politics and Government
Illinois State University

Student and Site Supervisor sign and return to Professor McClure. Please keep a copy for your files. Form must be on file prior to start date.

Student's Name: _____

Name of Organization/Employer _____

Employer's Address _____

Site Supervisor _____ Title _____

Supervisor's Phone Number _____ Supervisor's Email Address _____

Begin Date _____ End Date _____

Student's Position _____ Hours to work per week _____

Paid OR Unpaid? _____ If this is a paid opportunity, what are the pay rate? _____

Check any of the following skills the student will be applying on the job:

- | | | |
|-------------------------|----------------------|-----------------------------|
| _____ Critical thinking | _____ Interviewing | _____ Law office management |
| _____ Communication | _____ Investigation | _____ Legal ethics |
| _____ Computer skills | _____ Legal research | _____ Legal writing |

Job Description (to be completed by student and site supervisor):

Student Signature _____ Date _____

Site Supervisor Signature _____ Date _____