

DEPARTMENT OF MULTICULTURAL AND GENDER STUDIES
Internship Agreement & Learning Plan—MCGS 389

Complete this form as soon as possible and at the latest before the end of the second week of classes. Signature of the fieldwork supervisor must be obtained before form is returned to the MCGS Internship Coordinator, molly heck, at mheck@csuchico.edu for final approval. Once signed and approved, and forms are turned in, you will be hand-enrolled into the course within the first 2 weeks of classes.

Please type or print clearly

Full Name _____ Student I.D. # _____

Address _____

Email _____ Phone _____

Major/Minor _____ Class Level: _____

Semester: Fall or Spring Year: _____

Preferred MCGS 389 Section (see Class Schedule for options): _____

Circle one: (If you have not taken MCGS 489 in the past, you must choose an option WITH seminar)

- 3 Unit: (a) 120 hours fieldwork plus weekly seminar
- (b) 135 hours fieldwork plus written requirements; no seminar
- 2 Unit: (a) 80 hours fieldwork plus weekly seminar
- (b) 90 hours fieldwork plus written requirements; no seminar

Student _____ Date _____

Organization/Company Supervisor _____ Date _____

Faculty Supervisor _____ Date _____

Upon completion, this form will be filed in the MCGS Office.
Copies provided to the student, Fieldwork Supervisor, and MCGS Internships Coordinator.

Evaluation Procedures (filled out by MCGS Faculty Supervisor &/or MCGS Internships Coordinator):

Seminar Participation _____ Writing Component _____ Fieldwork Supervisor's Report _____

Fill out this section with your fieldwork supervisor:

Organization/Company Name _____

On site/Immediate Supervisor _____

Supervisor's Title _____

Supervisor's Email _____ Supervisor's Phone _____

Organization/Company Address _____

City _____ State _____ Zip _____

Underserved/underrepresented population(s) served:

Continued...

Description of Internship Project/Duties (must include service/advocacy/activism components):

Description of Learning Plan (must include goals and objectives, be linked to project/duties):

Overall Goals:

Specific Objectives:

Description of Supervision Plan (such as a weekly one-hour meeting, or daily check-ins, etc.)

SIGNATURES – Must be obtained in order listed.

Student _____ Date _____
Organization/Company Supervisor _____ Date _____
Faculty Supervisor _____ Date _____

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