

SCARP Masters of Community and Regional Planning

Internship Agreement Form

Note: please download and fill this form on your desktop. This form may not function properly in your browser.

| STUDENT AND INTERNSHIP ORGANISATION DETAILS | |
|---|--|
| STUDENT NAME | |
| FACULTY ADVISOR NAME | |
| ORGANISATION | |
| ORGANISATION ADDRESS | |
| INTERNSHIP SUPERVISOR NAME | |
| INTERNSHIP SUPERVISOR EMAIL | |

| INTERNSHIP DETAILS | |
|----------------------|--|
| TOPIC | |
| FINAL PROJECT FORMAT | |
| PAID UNPAID | HOW DID YOU FIND OUT ABOUT THIS OPPORTUNITY? |

| INTERNSHIP SCHEDULE | |
|---|--|
| START DATE: | |
| END DATE: | |
| EXPECTED DATE TO SUBMIT LEARNING OBJECTIVES (WITHIN FIRST 20 HOURS) | |
| EXPECTED DATE OF MIDPOINT CHECK-IN | |
| DATE INTERNSHIP PROJECT SUBMITTED TO SCARP | |



SCARP MCRP Internship Agreement Form (continued)

PLEASE EXPLAIN SCHEDULE IN DETAIL

e.g., frequency of hours with the internship provider? Full-time or part-time? Elaborate.

ACKNOWLEDGEMENTS

| | |
|--|--|
| | 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. |

INTERNSHIP DETAILS

| | NAME | SIGNATURE | DATE |
|--------------------------|------|-----------|------|
| STUDENT | | | |
| FACULTY ADVISOR | | | |
| INTERNSHIP SUPERVISOR | | | |

Form updated March 2024

