**Department of History Illinois State University**

**Internship (Professional Practice) Project Plan**

Use this form to document the content and goals of your internship. It must be worked out in conversation with the supervisor of your internship at the place where you will be interning. You will only be able to register for internship hours after this form is filled out, signed, and returned to History Department internship advisor.

**Student’s Name:**

**Agency Supervisor:**

**Agency Address:**

**Agency Phone Number:**

**Agency Email Address:**

**Approximate beginning and end dates of internship:**

**Credit hours to be earned:**

**Does the internship entail compensation? If so what is it?**

**Rough work schedule (days & hours):**

**OVER**

**Tasks to be assigned to intern:**

**Goals of the internship for the agency and for the intern:**

**Criteria by which supervisor will evaluate intern:**

**Comments:**

**We have read this agreement, and it meets with our joint approval:**

**Student (signature): Date:**

**Agency Supervisor (signature): Date:**