

Public Administration Internship Contract

Student's Name: _____

Organization: _____

Supervisor's Name: _____

Phone: _____

Email: _____

Address: _____

This contract verifies that the student named above will volunteer for an average of four (4) hours per week for 10 weeks at the above named organization for course credit at the University of Hawai'i at Hilo.

Signature of Student: _____

Signature of Supervisor: _____

Copies of this Internship Contract should be kept by the student and internship supervisor. The original copy of this contract will be kept on file by Professor Belt.

Questions or concerns should be directed to:

*Professor Todd Belt
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University of Hawai'i at Hilo
200 W. Kawili St.
Hilo, HI 96720
tel: 974-7375
email: prof_belt@yahoo.com*