

Des Moines Area Community College
Criminal Justice Internship Program
Intern and Agency Agreement

Today's Date: _____ Internship Term: _____
Student Name: _____
Student Phone: _____
Agency Name: _____
Agency Address: _____
Agency Representative/Intern Supervisor Name: _____
Title: _____
Phone: _____
Email: _____

CONDITIONS OF AGREEMENT

1. Internship experience will be completed from _____ (Month/day) to _____ (Month/Day) 20____ (Yr) in order to complete 120 hours. The student will complete the requirements of the internship as specified in **the Criminal Justice Program – Internship Ethical and Professional Conduct Acknowledgement**.
2. The student is expected to complete 120 hours at the internship site over the course of the internship term. Rare, extenuating circumstances to this expectation need to be discussed and approved with the Agency Representative and CJ Internship Coordinator.
3. The Agency Representative will provide necessary supervision of the student while performing internship duties and evaluate the student's performance in accordance with the Criminal Justice Program – Internship Ethical and Professional Conduct Acknowledgement.
4. The Agency Representative, the Criminal Justice Internship Coordinator, and/or the student may terminate the internship placement at any time. The timing of such termination may impact the student's grade, tuition, and/or registration, in accordance with existing college policies.
5. The Criminal Justice Internship Coordinator, when possible or appropriate, may make a visit to the internship site or otherwise communicate with the agency representative to review the student's behavior and/or actions and discuss with the student's supervisor.

_____	_____	_____
Student's Name (type/print)	Date	Signature
_____	_____	_____
Agency Representative (type/print)	Date	Signature
_____	_____	_____
CJ Internship Coordinator (type/print)	Date	Signature