

# Bemidji State University Criminal Justice Department

## *Agreement Regarding Placement of a Student in an Internship*

### Agency

I have agreed to the placement of \_\_\_\_\_ (student's name) in  
\_\_\_\_\_ (Name of Agency)

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
\_\_\_\_\_

Agency Telephone Number: \_\_\_\_\_

Agency FAX Number: \_\_\_\_\_

Intern Supervisor: \_\_\_\_\_

Supervisor e-mail address: \_\_\_\_\_

As the student intern supervisor, I have discussed the duties, responsibilities and nature of the work the intern is expected to perform. I also agree to work with the internship coordinator in discussing the intern's progress and agree to complete the required evaluation forms. I understand that the Internship Coordinator can and may make on-site visits to see how the intern is progressing and observe the intern when working with the agency.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_