

**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: _____