

Des Moines Area Community College
Criminal Justice Internship Program
Internship Agreement

Today's Date _____ Internship Term _____

Name _____ Phone _____

Agency _____

Agency Address _____

Agency Representative _____ Phone _____

CONDITIONS OF AGREEMENT

1. Internship experience will be completed from _____ to _____.
The student will complete the requirements of the internship as specified on the **Criminal Justice Program – Internship Ethical and Professional Conduct** form.
2. The Des Moines Area Community College Criminal Justice Internship Coordinator will, when possible, make a visit to the internship site to observe the student and visit with the student's supervisor.
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** form.
4. The Agency Representative, the Criminal Justice Internship Coordinator, and/or the student may terminate the internship placement. The timing of such termination may affect the student's grade, tuition and registration in accordance with existing college policies.

Student's Name (**print**)

Signature & Date

Agency Representative (**print**)

Signature & Date

Criminal Justice Internship Coordinator (**print**)

Signature & Date