



# Organization/Agency Internship Profile

PADM 7120

(Form OAIP)  
(To be completed by student and  
reviewed/approved by Organization/Agency)

School of Public Affairs and Administration  
Western Michigan University  
220 E. Walwood Hall  
Kalamazoo, MI 49008-5440  
(269) 387-8930

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Organization/Agency Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

Organization/Agency Supervisor/Contact Person:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail

Semester or dates of Internship term:

\_\_\_\_\_ Fall (September-December)

\_\_\_\_\_ Spring (January-April)

\_\_\_\_\_ Summer I/II (May-August)

\_\_\_\_\_ Other (please list dates in space provided) \_\_\_\_\_



Professional Field Experience (Internship) PADM 7120 for Graduate Students

Is this an ongoing opportunity? Please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Full-time (20 hrs/wk, one semester)
- Part-time \_\_\_\_\_ hrs/wk (10 hrs wk, two semesters)
- Both full-time and part-time (must total 300 hours)
- Paid \$ \_\_\_\_\_/hr \$ \_\_\_\_\_ /stipend per semester
- Unpaid
- Compensation to be determined

Special Circumstances/Comments:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization/Agency Intern Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WMU PADM 7120 Professor Signature

\_\_\_\_\_  
Date