Internship Responsibilities

Master of Public Administration Program
Department of Political Science
Kansas State University

| Intern's Name: | Dat | e: |
|---|--|--|
| Public or Nonprofit Agency Providagency Name: | ding Internship | |
| Representative: | | |
| Location: | | |
| Period of Intern's Employment | | |
| Start date: | | |
| End date: | | |
| Hours work/week: | | |
| agency. Please summarize the responsition to be involved with. The agent signing below. All materials should be | experience of an administrative naturnsibilities, assignments, and/or project cy representative and intern should in be submitted by the intern to Dr. Ethatogram, Department of Political Science | s your agency expects the dicate their agreement by n Bernick, Director of the |
| Agency Representative: | (signature) | Date: |
| Intern: | | Date: |
| Dir. of MPA Program: | (signature) | Date: |

(signature)