Master of Public Administration
Internship Responsibilities

Department of Political Science
Kansas State University

Interns’ Name: __________________________ Date: _________

Public or Nonprofit Agency Providing Internship

Name: ____________________________________________

Agency Representative: ____________________________

Location: __________________________________________

Period of Intern’s Employment

Start date: ____________________________

End date: ____________________________

Hours work/week: ____________________________

Position Title: ____________________________

Our MPA internship policy requires experience of an administrative nature in a public or nonprofit agency. Please attach to this document a summary of the responsibilities, assignments, and/or projects with which your agency anticipates the intern will be involved. The agency representative and intern should indicate their agreement by signing below. All materials should be submitted by the intern to Dr. Franke, Director of Graduate Studies, Department of Political Science.

Agency Representative: ____________________________ Date: _________

(international)

Intern: ____________________________ Date: _________

(international)

Dir. Of Graduate Studies: ____________________________ Date: _________

(international)