



GENEVA SCHOOL OF DIPLOMACY
& INTERNATIONAL RELATIONS

UNIVERSITY INSTITUTE

Internship Programme

Academic Year: 2014/15

Course: MIR (6 ECTS credits or BIR 8 ECTS credits)

Internship Agreement Form

The purpose of this agreement is to ensure that the internship experience is productive and beneficial to both parties. The student/intern is entitled to obtain academic credits upon the successful termination of the internship and upon submission of a report. This agreement outlines the obligations of the intern and the organization hosting the intern.

Student Information

Name _____ Degree Title _____
Email _____ Expected Graduation Date _____
Telephone _____ Title of Internship _____

Organization/Supervisor Information

Organization Name _____ Department _____
Supervisor Name _____ Supervisor Title _____
Telephone _____ Email _____
Address _____

The on-site supervisor will be responsible for:

- A. Providing a Professional Disclosure Statement for Supervision;*
- B. Providing individual supervision for at least 1 hour per week;*
- C. Providing evaluative feedback to the intern as necessary;*
- D. Completing a final written evaluation at the end of the internship.*

The intern is responsible for the following:

- A. Adhering to the administrative policies, rules, standards, schedules and practices of the facility/school;*
- B. Providing all the necessary and appropriate supplies where required or when not provided by the facility/school;*
- C. Arranging for his/her own transportation;*
- D. Purchasing and maintaining professional liability insurance;*
- E. Adhering to all applicable ethical codes.*

It is understood and agreed to by and between the parties that the on-site supervisor has the right to determine the field experience of the intern if, in the judgment of the on-site supervisor, the intern's professional performance and development are below the requirements set by the site.

It is understood and agreed to that the aforementioned parties may revise or modify this agreement and/or the activity plan by mutual agreement only through written amendment.

This agreement shall be effective when executed by all parties.

_____ Date: _____

On-site supervisor (or administrator)

_____ Date: _____

Student Intern

_____ Date: _____

University Supervisor – The Geneva School of Diplomacy



GENEVA SCHOOL OF DIPLOMACY & INTERNATIONAL RELATIONS

UNIVERSITY INSTITUTE

Supervisor Evaluation for Internship

In order to provide interns with feedbacks regarding their professional competencies and to keep the Geneva School of Diplomacy informed as to the level at which our interns are performing in various internships placements, we kindly request to complete this form for this semester's internship. Thank you in advance for your time and cooperation.

Intern's name: _____ On-site Supervisor: _____

Semester: _____ Date: _____

Please rate using the following key: 1=strongly disagree; 2=disagree 3=agree; 4=strongly agree; 5= Not Applicable

Overall quality of work

1 2 3 4 5

Use of time (effective and efficient time management – ability to plan

1 2 3 4 5

ahead) Listening ability and understanding of requirements

1 2 3 4 5

Conceptual skills (understanding of organization dynamics and procedures)

1 2 3 4 5

Analytical skills (capacity to identify the components of a situation and establish their interrelationship, identifying the guideline principles)

1 2 3 4 5

Aptitude for formal and informal interpersonal relations (including team

1 2 3 4 5

work) Problem solving/critical thinking

1 2 3 4 5

Quality of oral communication (structures his/her ideas, exhibit clarity, concise, expresses his/her point of view etc.)

1 2 3 4 5

Quality of written communication (clarity, well-structured ideas, conciseness, etc.) Dependability

1 2 3 4 5

(attendance, punctuality, motivation, proactive, involvement and independent)

1 2 3 4 5

SUPERVISOR EVALUATION CONTINUED

Did the intern meet the goals of the internship?

What skills did the student develop through the internship?

What were the intern's primary strengths?

What recommendations would you suggest for his/her improvement?

Other Comments

Supervisor's Title: _____

Supervisor's signature _____ *Date:* _____

Intern's Signature _____ *Date:* _____

Student Evaluation of Internship

Student Information

Name _____ Degree Title _____

Email _____ Telephone _____

Organization of Internship _____

Address _____

Supervisor Name _____ Email _____

Start date _____ End date _____

Please rate using the following key: 1=strongly disagree; 2=disagree 3=agree; 4=strongly agree; 5= Not Applicable

Interns are treated respectfully by staff and clients

1 2 3 4 5

The work I performed was challenging and stimulating

1 2 3 4 5

I was given adequate training or explanation

1 2 3 4 5

I was provided the necessary tools to full my job responsibilities (office space, reference materials, etc.)

1 2 3 4 5

I had regular meetings with my supervisor and received constructive, on-going feedback

1 2 3 4 5

I feel that I am better prepared for a future career after this experience

1 2 3 4 5

This experience gave me an accurate view of this type of career field

1 2 3 4 5

Intern Evaluation Continued

What recommendations would you give to the employer or organization?

How has this internship stimulated your interests in the field?

What improvements, new courses and/or new experiences do you believe are needed to improve your professional preparedness or internship placement?

Other Comments

Intern's Signature _____ *Date:* _____