



**INDIVIDUALIZED  
MAJOR PROGRAM**

**INDIANA UNIVERSITY**  
College of Arts and Sciences  
Bloomington

## INTERNSHIP CONTRACT

Course Number (check one): IMP-X473 Semester/Year: \_\_\_\_\_  
IMP-X490

*(Use X490 for final projects and X473 for all other internships.)*

**Credit Hours:** \_\_\_\_\_

*(50 work hours = 1 credit hour; 51-100 work hours = 2 credit hours; 101-150 work hours = 3 credit hours)*  
*(Sponsor signatures required for majors only. Minors need only provide information for internship supervisors.)*

**Student's Name:** \_\_\_\_\_ **Student's ID#:** \_\_\_\_\_

**Sponsor's Name:** \_\_\_\_\_ **Sponsor's email:** \_\_\_\_\_

**Sponsor's Signature:** \_\_\_\_\_

*Second sponsor (if applicable):*

**Sponsor's Name:** \_\_\_\_\_ **Sponsor's email:** \_\_\_\_\_

**Sponsor's Signature:** \_\_\_\_\_

During your internship, you are required to send weekly reflective statements (about one page each) to your sponsor(s) (*note: applies to majors only*) and to [imp@indiana.edu](mailto:imp@indiana.edu). At the conclusion of the internship, your direct supervisor must submit an evaluation of your performance (an evaluation form is available on the IMP website). **A grade cannot be reported for the course if these are not received.**

Please attach a brief description of your internship and explain how it relates to your IMP major or minor.  
**Majors:** If the internship is your final project, please attach a copy of your final project proposal.

Below, provide contact information for your internship supervisor or, if you do not yet know who your supervisor will be, for a person within the organization of the internship employer who is able to give the following information: 1) Your duties; 2) Hours per week you will work; 3) Dates of your employment.

**Direct Internship Supervisor:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_