CJ 490 INTERNSHIP
UNIVERSITY OF
MISSISSIPPI

LEGAL STUDIES

All CJ majors must complete an approved internship during his/her junior or senior year at an approved agency. ALL forms must be completed and submitted before you are enrolled in the class; you will be enrolled administratively; you cannot enroll yourself. Please be advised that by submitting this completed packet, you are giving permission to be registered for CJ 490. If you do not wish to be enrolled, you must make a written request to the Department Chair to have this application packet removed and officially drop CJ 490 from your schedule.

FACULTY INTERNSHIP
COORDINATOR:

Dr. Lorri C. Williamson  305 Odom   ldwillia@olemiss.edu
662 915-7760

The following information must be submitted to Dr. Williamson by the dates indicated: (1) student information form; (2) internship agreement form; (3) your most current student (unofficial) transcript.
To be eligible to intern, you must have ALL the above forms turned in to the Internship Coordinator by the following dates:

Summer intern: Last day of regularly scheduled classes of the spring semester;

Fall intern: Last day of regularly scheduled classes of the full summer term;

Spring intern: Last day of regularly scheduled classes of the fall semester.
THE UNIVERSITY OF MISSISSIPPI
CRIMINAL JUSTICE INTERNSHIP, CJ 490
STUDENT INFORMATION FORM (Form 1; 2 pages)
Please fill out the following completely and legibly. Please type on pages 1-2 of the student information form. You may e-mail Dr. Williamson for a list of approved agencies. ldwillia@olemiss.edu

DATE SUBMITTED: __________  Student: Do not write in this space

DATE ADDED __________  Student: Do not write in this space

STUDENT NAME ________________________________

STUDENT ID NO. ________________________________

MOST RECENT GPA ______________________________
(must submit transcript with this form)

SEMESTER/TERM FOR INTERNSHIP ________________________________

CREDIT HOURS (3 OR 6) ________________________________
3 hours = 135 hours work; 6 hours = 270 hours

STUDENT MAILING ADDRESS ________________________________

STUDENT TELEPHONE ________________________________

STUDENT E-MAIL ________________________________
(you will be contacted via your Ole Miss e-mail address)

INTERNSHIP SITE ________________________________
(this must be an approved agency)
INTERNSHIP

SUPERVISOR’S NAME
(include title—Captain, Deputy, Dr., etc.)

SUPERVISOR’S TELEPHONE NO.

SUPERVISOR’S E-MAIL
(your evaluation will be e-mailed; therefore, this must be complete)

AGENCY FAX NUMBER
THE UNIVERSITY OF MISSISSIPPI
LEGAL STUDIES DEPARTMENT
INTERNSHIP LEARNING AGREEMENT (Form 2) Please print the following information:

THIS AGREEMENT, dated __________________ by and between __________________________

"Site Supervisor," and __________________________, "Student Intern," shall constitute the general terms of the internship at __________________________

____________________, internship agency.

THE TERMS OF THE AGREEMENT SHALL BE AS FOLLOWS:

1. Student Intern agrees to work for Site Supervisor for approximately ______ hours per week for approximately ______ weeks for a total of at least 135 hours (3 hours of credit) or 270 (6 hours of credit). The actual work hours shall be arranged between the parties at mutually convenient times.

2. Site Supervisor agrees to give Student Intern tasks associated with the usual business practices of the abovementioned Internship Site included but not limited to any of the following:
   a. 
   b. 
   c. 
   d. 
   e. 

3. Student Intern agrees to perform tasks, with input from the Site Supervisor, to the best of his/her ability.

4. Student Intern agrees to hold any and all information concerning the business at Internship Site confidential. The Student Intern affirms he/she will maintain the highest level of care to insure he/she does not divulge, disclose, or in any way reveal any confidential information.

5. Student Intern agrees to maintain the highest standard of ethical conduct in word, deed, action, and conversation while completing the internship and in connection with all matters regarding the internship experience upon completion of the internship.
6. Site Supervisor agrees to meet with intern on a regular basis to give feedback and supervision to the Student Intern.

_________________________________________ DATE 
SITE SUPERVISOR

_________________________________________ DATE 
STUDENT INTERN