

Internship Agreement

Student's Name _____

SE ID (S0#####) _____

Major _____

Total Hours Completed _____

Total Hours Completed in SC Courses _____

Campus Address _____

Campus Phone _____

Cooperating Agency Information

Company Name _____

Company Address _____

Supervisor _____

Title _____

Phone Number _____

Email Address _____

Internship Title for Permanent Records _____

Starting Date of Internship _____

Closing Date of Internship _____

Number of Weeks of Internship _____

List of Internship Work Tasks (specific & concise, please)

Requirements for SC 483 must also be fulfilled before credit can be received for the internship.

- Activity Log submitted weekly via email, culminating into a comprehensive, polished document that is turned in upon completion of the 150 hours.
- Two artifacts, produced on-job, representative of your work during the internship, submitted upon completion of the 150 hours.
- Supervisor’s Internship Performance Review form
 - *Note:* This will be completed & submitted by the On-Site Supervisor
- Self-Evaluation & Site Review, submitted upon completion of the 150 hours.

Note: All materials and information submitted for your internship become property of the Department of Communication Studies to be maintained in the main department office. These items cannot be returned.

Student’s Signature _____ Date _____

On-Site Supervisor’s Signature _____ Date _____

Internship Coordinator’s Signature _____ Date _____

Department Chair’s Signature _____ Date _____