DEPARTMENT OF COMMUNICATION – INTERNSHIP CONTRACT



Intern’s Name

Intern’s Id No.

Campus Address

Email Address

Telephone #

PROFESSIONAL SUPERVISOR’S AGREEMENT

I agree to provide professional supervision of the above-named intern for a week period at
 hours per week, beginning and ending . I further agree to provide a formal evaluation of the intern’s work to the faculty supervisor.

The intern’s salary is $ per .
***Please attach intern’s job description / responsibilities.***

Name (*Please Print)* Title

Signature Date E-mail

Firm’s Name Telephone #

Firm’s Address *(Street, City, State, Zip Code)*

FACULTY SUPERVISOR’S AGREEMENT

I agree to provide faculty supervision for the intern. The student will submit regular reports as defined in the course syllabus, while the sponsor will provide both a mid-term and final evaluation of the intern. I shall be solely responsible for awarding a grade and credit hours to the intern if, in my opinion, and that of the Professional Supervisor, the internship has been satisfactorily completed.

William E. Lowell, CMC Director of Interns UW-Whitewater

Name *(Please Print)* Title School

 262-472-1286

Signature Telephone # Date

INTERN’S AGREEMENT

I agree to the terms of the internship as stated above. I agree to read and follow the syllabus and sign and submit the syllabus receipt form, which can be found on Canvas.

 Signature Date