

DEPARTMENT OF COMMUNICATION – INTERNSHIP CONTRACT

INTERN'S NAME _____

INTERN'S ID NO. _____

CAMPUS ADDRESS _____

EMAIL ADDRESS _____

TELEPHONE # _____

University of Wisconsin
WhitewaterCollege of Arts
and Communication**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.

Brian Schanen_____
Internship Coordinator_____
UW-Whitewater_____
Name (Please Print)_____
Title_____
School_____
Signature_____
262-472-5049_____
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