

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

Name (Please Print)

Internship Coordinator

Title

UW-Whitewater

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