

**DEPARTMENT OF COMMUNICATION – INTERNSHIP CONTRACT**

INTERN'S NAME \_\_\_\_\_

INTERN'S ID NO. \_\_\_\_\_

CAMPUS ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

University of Wisconsin  
**Whitewater**College 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.

\_\_\_\_\_  
Kris Kranenburg\_\_\_\_\_  
Director of Interns\_\_\_\_\_  
UW-Whitewater\_\_\_\_\_  
Name (Please Print)\_\_\_\_\_  
Title\_\_\_\_\_  
School\_\_\_\_\_  
Signature\_\_\_\_\_  
262-472-2876\_\_\_\_\_  
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