

**DEPARTMENT OF COMMUNICATION  
INTERNSHIP CONTRACT**



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

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

ADDRESS \_\_\_\_\_

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

EMAIL \_\_\_\_\_

Dept. of Communication  
UW-Whitewater  
800 W. Main St.  
Whitewater, WI 53190  
262-472-1034 (Office)  
262-472-1419 (Fax)

**SPONSOR'S AGREEMENT**

I agree to provide 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

\_\_\_\_\_  
Firm's Name

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Firm's Address (Street)

\_\_\_\_\_  
Email

\_\_\_\_\_  
(City, State, Zip Code)

**FACULTY SUPERVISOR'S AGREEMENT**

I agree to serve as faculty supervisor for the intern named above. The student will submit regular reports as defined in the course syllabus, while the sponsor will provide a final evaluation of the intern. I shall be solely responsible for awarding a grade and \_\_\_\_\_ credit hours to the intern.

\_\_\_\_\_  
Name (*Please Print*)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Date

**INTERN'S AGREEMENT**

I agree to the terms of the internship as stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***I will review the syllabus and check sheet for internship assignments***