

**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