

Department of Mass Media

INTERNSHIP CONTRACT

(check one) MCOM 490___ MCOM 475___ MCOM 08IR___

Intern's name _____ Phone _____

Address _____

Cooperating firm _____ Phone _____

Address _____

On-site supervisor's name _____ Phone _____

Supervisor's title and department _____

Faculty supervisor for this intern _____ Phone _____

Brief description of intern's job requirements and duties:

Intern's Weekly Schedule:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Is this a paid internship? Yes No If yes, compensation is: _____

Will the student be reimbursed for mileage? Yes No If yes, mileage rate: _____

Internship will begin _____ and end _____

The student and on-site supervisor realize that problems with tardiness, unexcused absences or early resignation from the internship will result in failure of the internship experience and possible suspension or dismissal from the academic major. At present, MCOM 490/475 require a minimum of 250 hours of work; MCOM 08IR requires a minimum of 50 hours work.

This contract must be submitted and signed by the following date: _____

The undersigned have read and agree to all conditions set forth in the latest edition of the Department of Mass Communications Handbook

Intern signature: _____ Date: _____

On-site supervisor signature: _____ Date: _____

Department Program Director: _____ Date: _____