



Department of Communication Studies
214 Rickenbach Learning Center
P.O. Box 730
Kutztown, PA 19530
Fax: 484-646-4180

INTERNSHIP AGREEMENT

Faculty Supervisor: _____

Email: _____ Phone: _____

Intern/Student:

Name: _____

Internship Location: _____

Hours per week: _____

(50 contact hours are required per credit hour earned)

Client:

Company Name: _____

Address: _____

This Client/Internship Supervisor agrees to accept the student named above as an Intern for the period indicated. The Intern's work schedule will be as noted.

This Client/Internship Supervisor also agrees to evaluate the Intern at the end of the internship through an evaluation report provided to the client by the Intern AND to FAX the completed report to the Department, or to email the completed report to the Faculty Supervisor, in a timely manner.

Internship Supervisor: _____

(Please Print)

Email: _____ Phone: _____

SIGNED for the Client: _____ Date: _____