



**School of Communication
COM 490: Internship Agreement**

Student Information

Name:

CSU ID#:

Email Address:

COM 490 Registration Information

Semester/Year:

Internship Start Date AND End Date:

Expected number of total hours worked during the internship:

How many credits of COM 490 do you want to take?*

*1 credit requires 40 worked hours, 2 credits require 80 worked hours, 3 credits require 120 worked hours, 4 credits require 160 worked hours, 5 credits require 200 worked hours, 6 credits require 240 worked hours

Internship Information

Position Title:

Employer:

Employer's Web Address:

Attach the employer's position description or describe the intern duties below.

Internship Supervisor Information

Name:

Title:

Email Address:

Your signatures indicates that:

1. The internship, as described, has been understood and agreed upon by the student and the supervisor.
2. The internship supervisor agrees to (a) evaluate the intern's performance at the end of the internship using the CSU School of Communication Intern Performance Evaluation form and (to) verify the number of total internship hours the student completes.
3. The student is responsible for following completing coursework requirements stated on the syllabus.

Student's Signature

Date

Supervisor's Signature

Date