



College of Liberal Arts & Social Sciences  
School of Communication  
**COM 490: INTERNSHIP  
AGREEMENT**

**Student Information**

First Name:	Last Name:	CSU ID#:
Major:	Sequence:	
Email Address:	Phone #:	

**Internship Description**

Intern Position Title:	Semester:	Year:
Start Date:	End Date:	
# of Credit Hours:		
# of work hours per week:	*Total Internship Hours:	

Please provide a list of duties to be performed by the intern  
(Please attach a job description if available)

\*Students must work a minimum of 40 hours per 1 credit hour of COM 490

**Internship Employer Information**

Organization Name:

Organization Street Address:

City

State

Zip

Organization Web Address (if applicable):

Organization Phone #:

**Internship Supervisor Information**

First Name:

Last Name:

Supervisor's Title:

Supervisor's Phone #:

Supervisor's Email Address:

**Your signature indicates that:**

1. The internship as described above has been understood and agreed upon by the student and person supervising the student intern.
2. The internship is not the student's current/previous employment (though the internship may be a paid position).
3. The internship supervisor will evaluate the intern's performance and complete the CSU School of Communication Intern Performance Evaluation forms and document the amount of internship hours the student completes.
4. The Student is responsible for following the Syllabus/other handouts on Blackboard.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Internship Supervisor's Signature

\_\_\_\_\_  
Date

-----CSU School of Communication Usage Only-----

\_\_\_\_\_  
CSU/School of Communication Authorized Signature-Internship  
Coordinator

\_\_\_\_\_  
Date