



College of Liberal Arts & Social Sciences
School of Film & Media
Arts
INTERNSHIP AGREEMENT

Rev. 12/2019

(Students must obtain approval of internship by completing an internship application, prior to completing this form.)

Student Information:

Name: _____ CSU I.D.# _____

Major: _____ Track: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Day Phone: _____ Other Phone: _____

Credits _____ **SEC #** _____ **SEMESTER** _____ **Today's Date** _____

Internship Employer Information:

Company/Organization's Name: _____

Supervisor's Name: *(please print)* _____

Supervisor's Title: _____

Company/Organization Address: _____

City, State, Zip: _____

Supervisor's Email: *(please print)* _____

Company/Organization Phone: _____

Internship Supervisor's Phone: _____

Company/Organization Website Address: _____

Internship Description:

Intern Position Title: _____

Semester of Internship: Fall Spring Summer Year: _____

Begin Date: _____ End Date: _____

Unpaid Internship Paid Internship \$ per hour

Number of Credit Hours: 1 2 3

Hours per week _____ Total Hours: _____

(See required hours for credit on the internship guidelines form)

List of Duties to be performed by the Intern *(attach job description if needed):*

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 form, and document the amount of internship hours the student completes.
4. **Student is responsible for following Syllabus/other handouts on BLACKBOARD.**

Student's Signature

Date

Internship Supervisor's Signature

Date

-----CSU School of Film & Media Arts Usage Only-----

CSU/School of Film & Media Arts Authorized Signature-Major
Advisor

Date