The mission of the Department of Communication is:
"To teach students the study of strategic and ethical uses of communication to build relationships and communities."

The student intern should return a copy of this completed contract to:
Internship Supervisor: ________________________________
Email: _____________________________________________

Intern Organization: ___________________________________________________________
Address: ___________________________________________________________________
__________________________________________________________________________
Phone: __________________________ E-mail: _________________________________
Internship Supervisor: ________________________________ Title: ____________________

Learning Agreement:
Internship Work Component/Job Description (the work component is to be determined by
the Intern Supervisor and the Student Intern) – A position description may be attached.

INTERNISHIP JOB RESPONSIBILITIES, TASKS AND LEARNING OPPORTUNITIES
FOR INTERN: (be as specific as possible when listing duties, projects, meetings,
training, etc.). Include a rationale of project/activities as a communication
studies project:
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INTERN:
I agree to perform the duties appropriate to this internship and fulfill the requirements for academic credit. This includes:

- _____ work hours for ____ credit hours
- Scheduled meetings with UNCG intern faculty supervisor
- Class meeting with other interns
- Participation in and completion of BB assignments,
- Internship paper
- Other requirements as assigned

Signature:_________________________ Date signed:____________________

ORGANIZATION INTERN SUPERVISOR:
I agree to accept this intern for projects and work that relate to communication studies and for the number of hours necessary to meet the above ________ credit hours. I agree to abide by the conditions of the Instructional Agreement signed by your organization, to document hours work and to complete and sign an intern performance evaluation at the completion of the internship (performance evaluation should be submitted in a sealed envelop).

Signature:_________________________ Date signed:____________________

FACULTY MEMBER:
I accept this internship proposal for consideration for credit for CST 412

Signature:_________________________ Date signed:____________________