

Scripps Howard School of Journalism and Communications
INTERNSHIP CONTRACT

Last Name _____ First Name _____ GPA: _____

Student Number: _____ Major/Sequence: _____ Year _____

E-Mail Address: _____

Local Address: _____

Local Phone: _____ Home Phone: _____

Home Address: _____

INTERNSHIP INFORMATION

Name of Organization: _____

Name of Intern Supervisor: _____

Intern Supervisor Title: _____

(If supervisor's title does not reflect expertise in communications (broadcast, public relations, print or advertising), attach an explanation or copy of the supervisor's resume.)

Organization's Address: _____

Supervisor's Phone: _____ Supervisor's Email: _____

Supervisor's Fax: _____ Signature of Intern Supervisor: _____

Check all that apply

Type of internship: • Graduation Requirement (class-related credit)

• Course Credit (must be enrolled in JAC 465)

• Internship contract, details and hours to be completed (due before you start internship)

SHSJC internship coordinator's initials/ Date _____

• Supervisor's Evaluation on file (due 30 days after completing the internship)

SHSJC internship coordinator's initials/Date _____

• Intern's Diary (Daily Work Sheets) on file (due 30 days after completing the internship)

SHSJC internship coordinator's initials/Data _____

• Student Internship Evaluation on file (due 30 days after completing the internship)

SHJC internship coordinator's initials/Date _____

Please Note: All submissions related to completing an internship must be typewritten.

Approvals

Student's Signature (student signature indicates student has read and understands the requirements of the internship) Date

Hampton University's Internship Coordinator's Signature Date

Scripps Howard School of Journalism and Communications, 546 E. Queen St., Hampton University, Hampton, VA. 23668, Fax 757/728-6011