

Department of Speech Communication  
Minnesota State University, Mankato  
Mankato, Mn 56001

## CONTRACT FOR INTERNSHIP

This form must be completed before a student will be allowed to register for an internship course

Course Number	<input type="text"/>	Course Title	<input type="text"/>	Credits	<input type="text"/>
Student Name:	<input type="text"/>			ID #	<input type="text"/>
Year	<input type="text"/>	Semester	<input type="text"/>	Internship completion date	<input type="text"/>

Duties on the internship (Includes anticipated hours)

Location of internship (specify on/off-campus and specific job/work:)

Type of Student work to be evaluated and method of evaluation:

Approved, reviewed and signed by:

Student Signature

MSU Supervisor Signature

On-site supervisor Signature

Address

Chairperson Signature

Attach Written Proposal

Copies:

Supervisors

Student

Speech Comm Files