

DEPARTMENT OF MASS MEDIA
Minnesota State University, 136 Nelson Hall
Mankato, MN 56001
Phone: 507-389-6417 Fax: 507-389-5525

CONTRACT FOR INTERNSHIP – MASS 498

This form must be completed and returned to the department chair before a student will be allowed to register for an internship.

Student name _____ **Address** _____

Student local phone # _____ **Tech. I.D. #** _____

Semester _____ **Year** _____ **Start & end dates** _____

Supervisor name* _____ **Supervisor phone # (____)** _____

Supervisor's e-mail _____

* "Supervisor" is the person guiding you at the internship site, not the mass media chair.

Location of internship (Organization's name and specific address)

Organization: _____

Street and/or P.O. Box _____

City/State/ZIP code _____

Duties of the internship (kind of work student will do for evaluation)

Reviewed, approved and signed by:

Student _____ Date _____

Supervisor _____ Date _____

Department Chair _____ Date _____

STUDENTS: PLEASE READ AND INITIAL BELOW!

I, the student intern, have read the internship policies and procedures that accompanied this contract. I understand and agree that I must turn in a typed report detailing the internship experience. The deadline for this report is the middle of finals week in the term in which you have enrolled for the internship. If I cannot complete the project by that deadline, I will seek, in writing, an "In Progress" or "Incomplete" grade from the department chair no later than the middle of finals week. I understand that failure to submit the project or a written request for alternate arrangements may affect my grade for the internship.

Initials of Student _____ Date _____