

**COMMUNICATION STUDIES INTERNSHIP PROGRAM
INTERNSHIP CONTRACT**

NAME _____ ETSU I.D. _____ will
complete a _____ credit internship totaling _____ hours of on-the-job work.
Start Date: _____ End Date: _____ Work Hours: _____

Employer Organization: _____
Mentor: _____
Phone: _____ Email: _____
Address: _____

My internship responsibilities are specifically related to my communication studies major in the following ways: _____

My other job responsibilities will include the following: _____

Are there special concerns the Internship Director should know about? If so, please write them here: _____

_____ (Intern Signature)	_____ (Print Name)	_____ (Date)
_____ (Mentor Signature)	_____ (Print Name)	_____ (Date)

Copies of this contract should be given to:
1. The intern 2. The mentor 3. Internship Director

Office use only	
___	Contract approved: Clearly shows application of communication concepts.
___	Contract tentatively approved: Clarification of applicability needed. Verified: _____
___	Contract NOT approved: Not applicable