

## Internship Contract

Working together with your supervisor, please fill out each section thoroughly.\*

### I. General Information

\_\_\_\_\_ agrees to an internship with  
(name of student)

\_\_\_\_\_,  
(name of organization)

for \_\_\_\_\_ total credit hours, to be completed \_\_\_\_\_ - \_\_\_\_\_ .  
(month/year) to (month/year)

### II. Schedule

In the space below, list the hours the intern will normally be expected to work.

Monday	Tuesday	Wednesday	Thursday	Friday

total hours/week: \_\_\_\_\_

\*The Internship Contract may be revised as needed throughout the internship.

### III. Intern Duties

Please list in as much detail as possible:

- 1) *projects* to be worked on by the intern and approximate deadlines;
- 2) *skills* to be obtained by the intern (e.g., writing press releases, conducting surveys, designing employee communication programs, conducting needs analysis, organizing events, contacting clients, etc.); and
- 3) *items* to be created by the intern and submitted as part of their final portfolio (e.g., press releases, surveys, newsletters, flyers, reports, videos, etc.)

#### Projects and Approximate Due Dates:

<u>Project</u>	<u>Due Date</u>
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____
E. _____	_____
F. _____	_____

#### Skills To Be Obtained By The Intern:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_

#### Items To Be Created By The Intern:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_

#### IV. Agreement

By signing below, the intern and the supervisor confirm that they have agreed to the conditions of the internship, including the work hours, specific projects, skills, items, bi-weekly assessments, and evaluations.

\_\_\_\_\_  
Student (Print Name and Sign) Telephone

\_\_\_\_\_  
Supervisor (Print Name and Sign) Telephone

\_\_\_\_\_  
Name of Company/Organization

\_\_\_\_\_  
Business Address City, ST Zip

(Please make a copy of this Contract/Affiliation Agreement for your own records and return the originals to the Internship Director for approval.)

\_\_\_\_\_  
Internship Director: Signature and Date

Return the completed form to your intern or to the Internship Director via email or mail to:

Internship Director  
Communication Studies, College of Human Services  
mail code 3251, PO Box 37100  
Phoenix, AZ 85069-7100