

Department of Journalism & Communication
College of Humanities and Social Sciences
4805 Old Main Hill
Logan, UT 84322-4805
435-797-3292; (435-797-3973 fax)

Semester Registered: _____

JCOM PROFESSIONAL INTERNSHIP/SPECIAL PROJECTS LEARNING CONTRACT

Student Name: _____ A#: _____ Date: _____

USU Address: _____ Phone: _____

_____ Email: _____

Sem/Year _____

Course: JCOM 4510 (___ cr.)
Internship

JCOM 4500 (___ cr.)
Special Projects

Internship Dates: _____ to _____

Workplace Supervisor: _____ Title: _____

Phone: _____ Email: _____

Company Name: _____

Address: _____ City/State: _____

Internship Job Title: _____ Hours per week: _____

Attach a detailed job description of responsibilities, including plan for regular evaluation/feedback from work supervisor to intern, signed by intern and work supervisor.

JCOM Faculty Supervising Professor: _____

Phone: _____ Email: _____

Employer agrees to provide regular detailed feedback through the internship period to the student intern on her/his job performance and degree of job completion. The employer further agrees to conduct a detailed exit interview and provide a written evaluation to the intern and to the faculty supervisor (by mail or email) at the conclusion of the internship period. See further internship expectations/requirements on attached form.

Intern signature: _____ Date: _____

Employer: _____ Date: _____

Faculty Supervisor signature: _____ Date: _____

JCOM Dept. Head Signature: _____ Date: _____