

Internship Agreement Form

Department of Communication & Media
State University of New York at New Paltz

Semester _____ Year _____

Student (Intern) Information

Student Name and Contact Information

Name _____ Major _____

Address _____

Email _____

Phone (home) () _____

Phone (cell) () _____

Internship Site and Supervisor Information

Internship Site _____

On-Site Supervisor _____ Title _____

Location of site _____

Phone Contact for Supervisor () _____

Email Contact for Supervisor _____@_____

Return this form to:

Robert Miller, Internship Director, Communication & Media
CSB 49

State University of New York

New Paltz, NY 12561-2443

(845) 257-3462

Fax): (845)-257-3461

millerr@newpaltz.edu

Due no later than the first Seminar meeting.

Agreement Form

(To be filled out by Intern and Site Supervisor together and signed by both)

Date Internship Begins _____ **Date Internship Ends** _____

Minimum number of hours for Intern to be on-site each week _____ **hours**

Days of the week Intern expected to be on-site **M** **T** **W** **Th** **F** **Sa** **Su**

(Note: the intern is required to attend a seminar class 4 times throughout the semester and will provide dates for the classes on the first day of the internship)

Activities: Please describe the primary activities of the internship. Please be specific.

Objectives: Please describe the professional-level skills and/or abilities the student will be developing.

Required Internship Seminar Meeting Dates: _____

Signatures Required

Intern (student) _____ **Date** _____

Site Supervisor _____ **Date** _____

Please make 3 copies of this form, when completed
Copy #1 to Internship Director at SUNY--New Paltz
Copy #2 for Site Supervisor's Records
Copy #3 for Intern's Records