

Internship Agreement Form

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

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.

Student (Intern) Information

Student Name _____

Internship Semester: Spring 2008

Student Contact Information

Address _____

email _____

Phone (home) () _____

Phone (cell) () _____

Internship Agency & Site Supervisor Information

Name of Agency _____

Name of Department (if applicable) _____

Name of On-site Supervisor _____

Title of Supervisor _____

Location of Agency _____

Phone Contact for Supervisor () _____

email Contact for Supervisor _____@_____

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 3 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** _____

Intern should 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