



COMMUNICATION DEPARTMENT  
JOURNALISM INTERNSHIP CONTRACT

**STUDENT-INTERN**

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

ACADEMIC TERM \_\_\_\_\_

HOURS OF ACADEMIC CREDIT \_\_\_\_\_

STARTING DATE \_\_\_\_\_

ENDING DATE \_\_\_\_\_

REMUNERATION \_\_\_\_\_

**HOST ORGANIZATION**

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUPERVISOR AND TITLE \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

FAX \_\_\_\_\_

**DESCRIPTION OF INTERN'S RESPONSIBILITIES** (or attach job description) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INTERN'S WORK SCHEDULE

As noted in the syllabus, interns may elect to earn one to four hours of academic credit. Each hour of credit requires 48 hours of professional experience directly related to the internship assignment.

Credit hours	Total work hours
1	48
2	96
3	144
4	192

*Work schedule:*

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

## SIGNATURES

On-site supervisor \_\_\_\_\_ Date \_\_\_\_\_

Intern \_\_\_\_\_ Date \_\_\_\_\_

Faculty coordinator \_\_\_\_\_ Date \_\_\_\_\_

Signature indicates acceptance of terms in this document and the syllabus.

Please return completed contract to:

David Baird  
Professor of Communication  
Anderson University  
1100 E. Fifth St.  
Anderson, IN 46012

(765) 641-4341 phone/voice mail  
(765) 641-3842 fax  
dabaird@anderson.edu