



# INTERNSHIP AGREEMENT

Students must complete this form and register for a course to receive academic credit for an internship. Please print or type.

Semester \_\_\_\_\_ Year \_\_\_\_\_

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**TO BE COMPLETED BY STUDENT**

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Name _____	ID# _____
Current address _____	College _____ Class year _____
Permanent address _____	Telephone _____
Email address _____	Perm. Telephone _____

*I have read the Tufts guidelines and policies and understand my responsibilities at the internship site noted below.*

Student signature \_\_\_\_\_ Date \_\_\_\_\_

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**TO BE COMPLETED BY SITE SUPERVISOR**

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Internship Organization \_\_\_\_\_

Organization Address \_\_\_\_\_

Org. Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Web site \_\_\_\_\_

Site supervisor's name \_\_\_\_\_ Title \_\_\_\_\_

Site supervisor's email \_\_\_\_\_ Site supervisor's telephone \_\_\_\_\_

Intern responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I have read the Tufts guidelines and policies and understand my responsibilities in supervising the above-named intern.*

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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**TO BE COMPLETED BY FACULTY SPONSOR**

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Faculty sponsor's name Susan Eisenhauer Department Communications and Media Studies

Faculty Address Tufts University, 95 Talbot Ave., Medford, MA 02155

Faculty telephone 617 627 2007, fax 617 627 3449 Faculty email susan.eisenhauer@tufts.edu

Course number through which credit will be granted EXP 99C Grading pass/fail

Student's responsibilities A minimum of 150 hours at internship site, 4 short papers, frequent meetings w/me, final evaluation form

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_