

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# \_\_\_\_\_  
College \_\_\_\_\_ Class year \_\_\_\_\_  
Current address \_\_\_\_\_ Telephone \_\_\_\_\_  
Permanent address \_\_\_\_\_ Perm. Telephone \_\_\_\_\_  
Email address \_\_\_\_\_

*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 Eisenhower 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 75 hours at internship site, 3 short papers, frequent meetings w/me, final evaluation form  
Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_