

Professor Use Only
Internship Completed _____

Internship Agreement

Department of Applied Communication Studies- Southern Illinois University Edwardsville

Return this form (including your supervisor's signature) with your completed internship application to Dr. Sarah VanSlette, Internship Director.

Email: snvansle@siue.edu
Office: Alumni Hall, rm. 3123

Mail: PO Box 1772, Edwardsville, IL 62026
Phone: 618.650.3099 Fax: (618) 650-2038

Student Information

Name: _____ Student ID Number: _____
E-mail: _____ Phone: _____
Local Address: _____
Major: _____ Minor: _____
Year in School: _____ Expected Graduation Date: _____

Course Registration Information

Semester: _____ ACS 491.001 (undergraduate) # of Credits (1-6): _____
 ACS 591.001 (graduate)

Internship Information

Organization: _____
Start Date: _____ (e.g. 9/1/10) Ending Date: _____ (e.g. 12/1/10)
Paid: No Yes \$ _____
Hours worked per week: _____
Job Description/Responsibilities/Examples of Work (Attach job description)

On-Site Supervisor Information

Name: _____ Title: _____
Phone: _____ Email: _____
Supervisor's Signature: _____ Date: _____