

INTERNSHIP AGREEMENT

**School of Journalism and Electronic Media
University of Tennessee
333 Communications Building
Knoxville, TN 37996-0333
Fax (865) 974-5056**

Please type or print

Student's Name _____

Company _____

Company Address _____

Company Phone _____
(City) _____ (State) _____ (Zip) _____

Supervisor Name (*print*) _____ Title _____

Description of job requirements and duties:

Minimum Hours Schedule

This agreement must be submitted (signed by the student and employer) in triplicate. Copies, signed by the Faculty Internship Coordinator, will be returned to the student and employer.

The undersigned have read and agree to all the conditions set forth.

Student _____ Date _____

Supervisor _____ Date _____

Internship Coordinator _____ Date _____