

# Department of Communication Studies

## Student Internship Learning Agreement



This agreement *must be filled out completely, signed, and returned* to Karyl Sabbath in the Department of Communication Studies before you start your internship in order for Colorado State University (CSU) to sponsor your internship. This agreement is required in order to qualify this internship for consideration for Workers' Compensation insurance coverage by CSU for non-paid internships. Clear definition of the host site's expectations and the student's learning objectives will maximize the internship experience for both parties.

**NOTE:** The following information must be completed in typewritten form. Student, on-site supervisor and internship coordinator signatures are *required prior* to the start of internships.

### SPONSORING ACADEMIC DEPARTMENT

Academic Department: Communication Studies

Chair: Dr. Elizabeth Williams

Internship Coordinator: Dr. Karyl Sabbath

Email: karyl.sabbath@colostate.edu

Campus Address: A203 Behavioral Sciences

### STUDENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Phone \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Major(s) \_\_\_\_\_

Degree \_\_\_\_\_ Year in School \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Ph \_\_\_\_\_

Relationship \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Ph \_\_\_\_\_

Relationship \_\_\_\_\_

List any allergies or special medical conditions you would like the On-Site Host Supervisor to be aware

of \_\_\_\_\_

## EXPERIENCE PROVIDER INFORMATION

Organization: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Site Supervisor \_\_\_\_\_ Position within Organization: \_\_\_\_\_

Ph \_\_\_\_\_ Email: \_\_\_\_\_

Person within Organization who has authority to authorize receipt of internships \_\_\_\_\_

Ph \_\_\_\_\_ Email \_\_\_\_\_

## INTERNSHIP INFORMATION

Start date (mm/dd/year) \_\_\_\_\_ End date (mm/dd/year) \_\_\_\_\_

Academic semester \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer

On site hours per week \_\_\_\_\_ Position Title \_\_\_\_\_

Internship type: \_\_\_ Credit only #credits \_\_\_\_\_ Unpaid? Yes / No

\_\_\_ Credit & Paid #credits \_\_\_\_\_ Pay rate/hour \$ \_\_\_\_\_ # of hours/week \_\_\_\_\_

Will any type of stipend or reimbursement be provided? If so, please list the specific amount \_\_\_\_\_

Who is providing the stipend? \_\_\_\_\_

Will student receive room/board or other accommodations during this internship? Yes \_\_\_ No \_\_\_

If the student is to receive room/board, accommodations or reimbursement for any expenses, please list expenses and process for payment \_\_\_\_\_

\_\_\_\_\_

## **Job Description**

Type below a brief description of your duties. This is used to determine whether or not the position will be applicable to your field of study and eligible for SPCM 387 internship credit:

## **Student's Personal Learning Objectives**

Type below 3 specific goals describing the knowledge you plan to obtain or the communication skills you will develop during this internship. While your goals may change during the semester, the following objectives are typically the basis for your Final Report and CMST Department sponsored Public Presentation (i.e., these objectives will be compared to the content of your final report and public presentation).

**(1)**

**(2)**

**(3)**

## Student Obligations

By signing the statement below, the student is agreeing to:

1. Submit monthly activity reports in a timely manner.
2. Have your supervisor submit an evaluation during the last week of the semester within which you have your internship.
3. Submit a final report using the provided form and instructions during the last week of the semester.
4. Present your final public presentation during a scheduled CMST sponsored community forum.
5. Inform the Internship Coordinator of any changes to the internship agreement (i.e., hours, pay, responsibilities, etc.).

**NOTE:** It is the student's responsibility to make sure the internship elective credits will satisfy requirements toward graduation. The best way to do this is by discussing it with your faculty advisor. Prior to obtaining the department's internship coordinator's signature, **email** your completed Internship Agreement form to: **Zel Gabriel, Department of Communication Studies at Zel.Gabriel@colostate.edu** to determine all prerequisite and GPA requirements have been met. If all requirements are in place, the internship agreement will be passed on to the internship coordinator for review and final approval.

## Signatures

The following signatures indicate receipt and understanding of this Student Internship Agreement.

Student \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Departmental coordinator \_\_\_\_\_

Date \_\_\_\_\_