

**Cleveland State University
School of Communication
COM 490 Internship Agreement**

Student Information

Semester: _____ # Credits _____ Section _____

Name: _____ CSU I.D. # _____

Address: _____

City, State, Zip code: _____

Email Address: _____

Phone: _____ Phone: _____

List Communication courses you have taken which prepare you for this internship.

List any previous COM 490 or CSC 300 or CSC 400 internships you have completed.

Internship Employer Information

Name of Internship Supervisor: _____

Title of Internship Supervisor: _____

Name of Company: _____

Address: _____

City, State, Zip code: _____

Email Address: _____

Phone: _____ Phone: _____

Company website address: _____

School of Communication Internship Director Information

Dr. Richard Perloff
CSU School of Communication, MU 231
2121 Euclid Ave.
Cleveland, OH 44115

r.perloff@csuohio.edu

Fax: 216-687-4631
www.csuohio.edu/com

Internship Description

Intern Position Title: _____

Starting Date: _____ Ending Date: _____

Hours per Week: _____ Total Hours: _____

____ Unpaid Internship ____ Paid Internship \$ per hour _____

List of Duties to be performed by the Intern:

Your signature indicates that:

- 1) the internship as described above has been understood and agreed upon by the student and person supervising the intern;
- 2) the internship is not the student's current/previous employment (though the internship may be a paid position)
- 3) the internship supervisor will complete a CSU School of Communication performance evaluation form twice during the semester and sign the student's weekly internship attendance form.

Student's Signature: _____ **Date:** _____

Internship Supervisor's Signature: _____ **Date:** _____

The School of Communication Internship Director's signature indicates that this internship has been approved for university credit.

Academic Credit Hours: _____ Semester: _____

CSU School of Communication Internship Director's Signature:

_____ **Date:** _____