

**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. Gary Pettey  
CSU School of Communication, MU 217  
2121 Euclid Ave.  
Cleveland, OH 44115

[g.pettey@csuohio.edu](mailto:g.pettey@csuohio.edu)  
Fax: 216-687-5435  
[www.csuohio.edu/com](http://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:** \_\_\_\_\_