

INTERNSHIP AGREEMENT FORM
Texas A&M University, Journalism Studies Program

Name of intern _____ UIN _____

Telephone number or email address at which you can always be reached within 8 hours:

Total number of hours completed toward degree _____

Grade in Journalism 203 _____

Name of employer _____

Address _____

Name of intern's supervisor _____

Title _____

Telephone number _____

Dates of internship _____

Number of hours of work per week _____

Estimated total of hours of work for the internship _____

Please attach a letter or e-mail from the employer confirming the internship, stating the number of hours to be worked and describing the work to be done.

I have read the internship requirements as stated on this form.

Signature of intern

Signature of Faculty Advisor

Date

Date