



## Internship Agreement Form COM 491/492

### Instructions

This form should be filled out and signed by a representative of the organization; usually this will be the Human Resources director or Professional Supervisor. Please be as clear and thorough with your answers to the following questions. The Student Intern also must sign the form, to serve as an acknowledgement of their agreement with the duties responsibilities listed below.

Please e-mail a scanned copy of the completed form to [cgallant@hilbert.edu](mailto:cgallant@hilbert.edu) or fax the completed form to the attention of Prof. Chris Gallant, Internship Coordinator, Digital Media and Communication department, Hilbert College, Hamburg, NY 14075 at (716) 649-0702.

\_\_\_\_\_  
Student/Intern Name

### Professional Supervisor Information

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Supervisor email

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Phone

Number of hours per week the student will work: \_\_\_\_\_

**CREDIT TO HOURS WORKED RATIO**

1 CREDIT = 40 hours worked • 3 CREDITS = 120 hours worked

Date that the internship will begin: \_\_\_\_\_

Date that the internship will end: \_\_\_\_\_

Please provide a brief description of the company, including a description of the department or unit in which the intern will work.

Please list the intern's primary job responsibilities.

**Verification of Academic Credit**

Students may provide proof of internship registration to their employer by printing a copy of their registration schedule, or by requesting a confirmation letter from the registrar's office.

Signatures:

\_\_\_\_\_

Student Intern

\_\_\_\_\_

Date

\_\_\_\_\_

Professional Internship Supervisor

\_\_\_\_\_

Date