

WRITING INTERNSHIP PROGRAM, ENGLISH 4896: CONTRACT

Department of English Marquette University Milwaukee, WI 53233

Phone: 414.288.7179 Fax: 414.288.5433

I. STUDENT CONTACT INFORMATION

Student Name: _____ MU ID# _____

Home Address (during internship): _____

Home Phone (during internship): _____

Email Address: _____

II. COMPANY CONTACT INFORMATION

Company/Organization Name: _____

Professional Supervisor: _____

Company/Organization Address: _____

Business Phone: _____

Email Address: _____

III. DESCRIPTION OF INTERNSHIP

Hours per week (8-10): _____ Number of weeks (15): _____ Dates: _____ to _____

Internship Duties/Responsibilities:

IV. REPORT SCHEDULE

Early Report (oral or written) due during Week 1. Date: _____

Midterm Report, consisting of sample writings. Date: _____

Final Report, consisting of portfolio, log, & journal. Date: _____

Supervisor Evaluation Form due in Week 15. Date: _____

V. Agreement

I have read the Internship Guidelines for English 4986 and will comply with those conditions and those of this contract.

Student Signature: _____ Date: _____

Approval by Professional Supervisor: _____ Date: _____

Approval by MU Faculty Sponsor: _____ Date: _____

Approval by Department Chair: _____ Date: _____

(Copies to DUS & all whose signatures appear. Original to Faculty Sponsor.)

[Revised 04/02]