

# WRITING INTERNSHIP PROGRAM, ENGLISH 4986, CONTRACT

Department of English Marquette University Milwaukee, WI 53233

Phone: 414-288-7179 Fax: 414-288-5433

## STUDENT CONTACT INFORMATION

Student Name: \_\_\_\_\_ MU ID#: \_\_\_\_\_

Home Address (during internship): \_\_\_\_\_

Home Phone (during internship): \_\_\_\_\_

Email Address: \_\_\_\_\_

## COMPANY CONTACT INFORMATION

Company/Organization Name: \_\_\_\_\_

Professional Supervisor: \_\_\_\_\_

Company/Organization Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## DESCRIPTION OF INTERNSHIP

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

Internship Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## 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 and journal Date: \_\_\_\_\_

Supervisor Evaluation Form due during Week 15 Date: \_\_\_\_\_

## 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)