School of Communication and Multimedia Studies Internships

Employer Registration Form

Please type or print

Organization/Company/Agency___________________________________________________________

Contact ________________________________ Title______________________________

Street Address_____________________________________________________________________

City _____________________________ State ___________ Zip_____________________

Telephone ______________ Fax _______________ Email___________________________

Internship Title_____________________________________________________________

Supervisor ________________________________ Title______________________________

Extension _______________ Fax _______________ Email___________________________

Term intern is needed: Fall ______ Spring _______ Summer ________

Total Number of Hours per Week _______ (12-16 clock hours Fall/Spring, 16-20 clock hours Summer)

Internship is _____ Unpaid _____ Paid (salary rate of $_______ per ________)

_____ Paid (Financial Aid Stipend $___________ per semester)

Other benefits:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Signature below designates Employer/Agency agrees:

To participate in a Student Internship Program with the School of Communication and Multimedia Studies of Florida Atlantic University and with eligible students who are approved and referred by the Director of Internships (the interviews and selection of students for internships from among those referred shall be solely at the discretion of the organization/company/agency).

To complete and return promptly the following forms to be provided by the School of Communication and Multimedia Studies:

1. A Syllabus of Learning Activities that indicates the tasks or learning activities required or the student and the hours the student will be expected to work (not to exceed 16 clock hours per week during the regular academic year, and not to exceed 20 clock hours per week during the summer term). This form is completed in consultation with the student, signed by the agency supervisor, the student, and the internship director. It must be returned to the School of Communication and Multimedia Studies by the second week of the internship.

2. A Midterm Evaluation form to be completed by the supervisor and returned no later than the eighth week of internship.

3. A Final Evaluation form to be completed by the supervisor and returned the last week of the internship.

4. To consult with the Director of Internships at least twice each semester, either by telephone or in person (personal visits will be initiated and pre-arranged by the Director).

This agreement between the Employer and the School of Communication and Multimedia Studies may be terminated at any time upon written notice to the other party.

Both the Employer and Florida Atlantic University confirm that they are Equal Opportunity/Affirmative Action Employers, and will consider/recommend persons without regard to race, sex, age, color, religion, national origin, or handicap.

EMPLOYER: ________________________________ SCHOOL OF COMMUNICATION: ________________________________

Signature ________________________________ Signature ________________________________

Name ________________________________ Name ________________________________

Title ________________________________ Date ________________________________ Title ________________________________ Date ________________________________