



College of Arts and Letters
School of Communication
& Multimedia Studies
777 Glades Road
Boca Raton, FL 33431
tel: 561-297-3850
fax: 561-297-2615
www.fau.edu

**School of Communication and Multimedia Studies
Employer Internship Course 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 _____ (14-16 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:



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An Equal Opportunity/Equal Access Institution

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 Learning Agreement form 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 (verbal or written) 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 (any personal visits will be initiated and pre-arranged by the Communication School internship program 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.

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EMPLOYER:

Signature

Name

Title

Date