Internship Agreement  
Department of Applied Communication Studies- Southern Illinois University Edwardsville

Return this form (including your supervisor’s signature) with your completed internship application to Dr. Sarah VanSlette, Internship Director.

Email: snvansle@siue.edu  
Mail: PO Box 1772, Edwardsville, IL 62026  
Office: Alumni Hall, rm. 3123  
Phone: 618.650.3099  
Fax: (618) 650-2038

Student Information

Name: ___________________________  Student ID Number: __________________

E-mail: ___________________________  Phone: ___________________________

Local Address: ______________________________

Major: ___________________________  Minor: ___________________________

Year in School: ___________________________  Expected Graduation Date: _____________

Course Registration Information

Semester: _______________  □ ACS 491.001 (undergraduate)  # of Credits (1-6): ___________

□ ACS 591.001 (graduate)

Internship Information

Organization: ___________________________

Start Date: _______________ (e.g. 9/1/10)  Ending Date: _______________ (e.g. 12/1/10)

Paid: □ No  □ Yes $ _______________

Hours worked per week: ___________________________

Job Description/Responsibilities/Examples of Work (Attach job description)

On-Site Supervisor Information

Name: ___________________________  Title: ___________________________

Phone: ___________________________  Email: ___________________________

Supervisor’s Signature: ___________________________  Date: _______________