



## EMPLOYER PARTICIPATION INTERNSHIP AGREEMENT THE DEPARTMENT OF JOURNALISM

Company/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_

Department Head: \_\_\_\_\_ Internship Supervisor: \_\_\_\_\_

We wish to participate in the University of Wisconsin-Oshkosh Department of Journalism Professional Internship Program by employing an intern in supervised work situations.

We will provide a program of work of approximately 200 hours or more. We understand the intern may work full or part time, 10 to 40 hours per week, during the summer or during the fall or spring semester.

We will coordinate the work schedule with the student's class schedule. An appropriate member of our staff will provide a written evaluation of the student's performance.

Name of student selected: \_\_\_\_\_

Job categories in which the intern will work (please attach a job description if space is inadequate):

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

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Will student be paid? Yes \_\_\_ No \_\_\_ If so, how much? \_\_\_\_\_

We understand that the internship is a pay optional program (although pay is strongly recommended).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return to: Barbara Benish, Internship Coordinator**  
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