

## Media Production Internship Contract

**Semester:** \_\_\_\_\_      **Year:** \_\_\_\_\_      **Credits (1-3):** \_\_\_\_\_

STUDENT INFO		INTERNSHIP/ EMPLOYER INFO	
Name:		Firm:	
CWID:		Address:	
Local Address:		Phone:	
Local Phone:		Fax:	
Email:		Supervisor's Name/Title:	
Permanent Address:		Supervisor's Email:	
Permanent Phone:		Period of Employment:	

### Intern's Agreement

I CERTIFY THAT I HAVE FULFILLED ALL COURSE PREREQUISITES AND OTHER REQUIREMENTS FOR THE INTERNSHIP. I AGREE TO THE TERMS OF THE INTERNSHIP, WHICH INCLUDE KEEPING A RECORD OF MY WORK AND WRITING A FINAL REPORT.

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Employer's Agreement

THE FIRM AGREES TO HIRE THE INTERN NAMED ABOVE FOR A MINIMUM OF NINE (9) WEEKS (350) WORK HOURS. IF THE INTERNSHIP IS TERMINATED FOR ANY REASON, WE WILL NOTIFY THE COLLEGE OF COMMUNICATION WITHIN 10 DAYS. THIS FIRM AGREES TO PROVIDE PROFESSIONAL SUPERVISION FOR THE INTERN. THE INTERN SUPERVISOR WILL CONFER WITH THE COLLEGE'S INTERNSHIP COORDINATOR AT LEAST ONCE DURING THE INTERNSHIP AT THE COLLEGES EXPENSE. THE SUPERVISOR WILL ALSO PROVIDE A BRIEF FINAL EVALUATION OF THE INTERNS WORK (FORM TO BE SUPPLIED BY COLLEGE). SALARY ARRANGEMENTS ARE BETWEEN THE INTERN AND THE EMPLOYER. HOWEVER, TO AVOID ANY MISUNDERSTANDING, EMPLOYERS MAY LIST THE WAGE AGREEMENT.

\$ \_\_\_\_\_ FOR \_\_\_\_\_

Employer/ Intern Coordinator:		Date:	
TCF Approval:		Date:	

**Please return signed form to Dr. Rachel Raimist via email or fax to:**

[r.aimist@ua.edu](mailto:r.aimist@ua.edu)

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**Fax: 205-348-5162**

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