

The University of Akron

SCHOOL OF COMMUNICATION INTERNSHIP ORGANIZATION & INTERN AGREEMENT FORM

Name of Internship Placement Organization:	Name of Internship Supervisor:
Organization's Street Address/City/State/Zip Code:	Supervisor's Title:
Organization's Phone Number:	Supervisor's Direct Phone Number:
Organization's Website Address:	Supervisor's Email Address:
	Supervisor's Fax Number:

Intern's Name: \_\_\_\_\_ Term: \_\_\_\_\_ 20\_\_

Intern's Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**INTERNSHIP PROGRAM RESPONSIBILITIES & WEEKLY SCHEDULE**

During the fall and spring semesters, each academic credit taken for the internship program requires 3.5 clock hours per week. During the 5-week summer period, each academic credit taken for the internship program requires 10.5 clock hours per week. During the 10-week summer period, each academic credit taken for the internship program requires 5.25 clock hours per week.

Number of Internship Credits (1 -8 credits):	
Number of Clock Hours Needed Each Week to Fulfill Internship Requirement:	
Total Number of Clock Hours Needed to Fulfill the Internship Program:	
Start Date of Internship :	
End Date of Internship:	
List all of the Intern's professional quality internship responsibilities/assignments/duties to be performed:	

**LIABILITY RELEASE & INTERNSHIP AGREEMENT**

That in consideration of being allowed to participate in this Internship and receive educational and other benefits therefrom, the undersigned Intern hereby voluntarily assumes all risks of accident or personal damage to his/her person or property and hereby releases the above stated Internship Organization, The University of Akron, their respective agents and employees, from every claim, liability or demand of any kind sustained, whether caused by negligence or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns, of the undersigned Intern. The undersigned Intern agrees to the liability release and conditions set forth for this Internship. In addition, the undersigned Intern understands and agrees to all the terms, conditions, and requirements set forth in this Agreement Form in accordance with the Intern's Internship.

Intern's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_