

WRITING INTERNSHIP PROGRAM, ENGLISH 4986, CONTRACT

Department of English Marquette University Milwaukee, WI 53233

Phone: 414-288-7179 Fax: 414-288-5433

STUDENT CONTACT INFORMATION

Student Name: _____ MU ID#: _____

Home Address (during internship): _____

Home Phone (during internship): _____

Email Address: _____

COMPANY CONTACT INFORMATION

Company/Organization Name: _____

Professional Supervisor: _____

Company/Organization Address: _____

Business Phone: _____

Email Address: _____

DESCRIPTION OF INTERNSHIP

Hours per week (8-10): _____ Number of weeks (15): _____ Dates: _____ to _____

Internship Duties/Responsibilities: _____

REPORT SCHEDULE

Early Report (oral or written) due during Week 1 Date: _____

Midterm Report consisting of sample writings Date: _____

Final Report consisting of portfolio, log and journal Date: _____

Supervisor Evaluation Form due during Week 15 Date: _____

AGREEMENT

I have read the Internship Guidelines for English 4986 and will comply with those conditions and those of this contract.

Student Signature _____ Date: _____

Approval by Professional Supervisor: _____ Date: _____

Approval by MU Faculty Sponsor: _____ Date: _____

Approval by Department Chair: _____ Date: _____

(Copies to DUS & all whose signatures appear. Original to Faculty Sponsor)