



Department of Communication & Creative Arts
Internship Agreement

TO BE COMPLETED BY STUDENT:

Full Legal Name: _____
(Type or Print) Last First Middle PUC ID Number

Present Address: _____
Number and Street City State Zip Code Phone

Email Address: _____

Description of Internship goals and duties (please be specific):

Date Internship begins: _____ Date Internship ends: _____

Minimum Hours Schedule (15 hours per week for fall and spring semesters, 20 hours per week for summer semester):

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| | | | | |

Student's Signature _____ Date _____

TO BE COMPLETED BY INTERNSHIP/AGENCY SUPERVISOR:

Agency Supervisor's Name & Title: _____
(Type or Print)

Agency Name: _____

Agency Address: _____
Number and Street City State Zip Code Phone

Email Address: _____

Internship Supervisor's Expectations and/or requirements (please be specific about the projects or duties assigned to intern):

Agency Supervisor's Signature _____ Date _____

TO BE COMPLETED BY PURDUE UNIVERSITY CALUMET FACULTY ADVISOR:

Faculty Advisor's Name & Title: Milan Dakich, Professor of Communication/Broadcasting

Address: 2200 169th Street, Hammond, IN, 46323 (219) 989-2630

Course Number: _____ Semester Enrolled: _____

- Internship Evaluation will be based on the following:
1. Student Self Evaluation (daily log and a 5 page paper)
 2. Agency Supervisor Evaluation of Student's Performance
 3. Faculty Evaluation of Student's Performance

Faculty Advisor's Signature _____ Date _____