

Webster University
School of Communications
Internship Program
Internship Authorization - Site

Student Name: _____

Organization/Company: _____

Supervisor Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____ Web Site: _____

Internship Information

Dates of Internship: Start: _____ End: _____ Semester: _____

Student's Title/Position: _____

Description of Internship Position: (specific activities/assignments to be completed by intern)

Weekly Schedule of Work Hours: (list times and total hours to work each day)

(circle one)
Paid Internship Non-Paid Internship

Signatures

Student: _____ Date: _____

Supervisor: _____ Date: _____

Academic Advisor: _____ Date: _____

Internship Director: _____ Date: _____