

SAM HOUSTON STATE UNIVERSITY
DEPARTMENT OF MASS COMMUNICATION
INTERNSHIP SUPERVISOR INFORMATION

This form should be completed by the student seeking an internship, signed by the internship provider and returned to the Internship Coordinator.

- Intern's Name _____

SUPERVISOR

- Name _____ Title _____

- Firm Name _____

Address (Placement Location) _____

City _____ State _____ Zip _____

Phone _____ Email _____

JOB DESCRIPTION

- Start Date _____ End Date _____
- How many hours per week will the student intern/ work on average? _____
- Is the position paid? NO _____ YES _____ TERMS? _____
- Will the student be covered by insurance? _____ YES _____ NO
- **Please provide a job description for this internship, typed on the company letterhead and signed by the internship supervisor.**

EVALUATION

As an Internship supervisor, I agree to provide a written or verbal evaluation at the conclusion of the internship.

_____ Date _____
Supervisor Signature

Please return to: Internship Coordinator • SHSU Mass Communication