

**Molloy College Communications Department**  
**Internship Agreement Form**

A copy of this completed form should be kept by the student, the internship supervisor, and the faculty coordinator.

**Student's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Internship Site:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Agency's Address:** \_\_\_\_\_

**Agency Phone Number:** \_\_\_\_\_

**Faculty Coordinator's Name:** \_\_\_\_\_

**Faculty's Phone Number:** \_\_\_\_\_

Description of Internship: Student will be given on-the-job experiences which should enable the acquisition of new understanding, ideas, and skills related to the communication concentration being pursued at Molloy College.

**Academic credit to be earned by student:** \_\_\_\_\_

**Weekly Work Schedule:**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>

**Time frame of Internship:** From Date \_\_\_\_\_ to Date \_\_\_\_\_

The undersigned agree to the above conditions set forth for this internship.

**Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Faculty Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_