

# RTVF 170 ON-SITE INTERNSHIP AGREEMENT

## TO BE COMPLETED BY STUDENT INTERN:

Student Name \_\_\_\_\_

Student email \_\_\_\_\_ Phone \_\_\_\_\_

## TO BE COMPLETED BY THE ON-SITE SUPERVISOR:

(This must be completed by the person who will actually work with the student on-site.)

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

Supervisor's Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Dept. \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Student's Schedule: Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Scheduled Hours \_\_\_\_\_

Student's Title and Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you** for agreeing to participate in our Internship Program. As part of the above-named student's internship, s/he will be expected to:

- meet with you on a regular basis to discuss various aspects of your organization and the roles and responsibilities of members of your organization.
- keep a journal to note and reflect on his/her experiences on-site
- meet with the above-named faculty sponsor regularly
- submit midterm and final reports to us

During the semester, we may send you brief midterm and final evaluation forms to complete. **Forms must be completed in a timely manner by the on-site person who is working directly with our student.**

On-Site Supervisor's Agreement Signature X \_\_\_\_\_

Date \_\_\_\_\_

**UPON COMPLETION, PLEASE RETURN BY FAX OR EMAIL TO PROF. DOUGLAS MORROW, COORDINATOR OF THE DEPARTMENT OF RADIO/TELEVISION/FILM.  
douglas.a.morrow@hofstra.edu**

*We appreciate your willingness to participate in our internship program, providing our student with an experience to enhance his/her educational experience. If you have any questions, if any problems arise, or if you just want to tell us how our student is doing, please feel free to get in touch with the above-named faculty sponsor or the Director of the Internship Program.*

**PROF. DOUGLAS A. MORROW - INTERNSHIP PROGRAM COORDINATOR  
DEPT. OF RADIO/TELEVISION/FILM • SCHOOL OF COMMUNICATION  
417 NAB HOFSTRA UNIVERSITY • HEMPSTEAD, NY 11549  
516/463-6576 (voice) • 516/463-7043 (fax) • douglas.a.morrow@hofstra.edu**