**WRTC internship Agreement Form**

Internship coordinator: Elizabeth Pass

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Phone: 540-568-8139

**Student Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click here to enter text. | **ID #:** | Click here to enter text. |
| **Phone:** | Click here to enter text. | **Email:** | Click here to enter text. |
| **Semester of Internship:** | **Year:** Click here to enter text.  **Term: Fall**  **Spring**  **Summer** | | |

**The student agrees to**

* Fulfill his or her obligation to work the agreed upon schedule in order to complete the required 150 hours.
* Perform all assigned tasks to the best of his or her abilities.
* Maintain confidentiality of the organization in which internship takes place.
* Prepare a closeout report that narrates and describes the internship, both in general and specific terms. The report should also evaluate the experience.

**Internship Provider Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of organization:** | Click here to enter text. | | |
| **Address:** | Click here to enter text. | | |
| **Supervisor:** | Click here to enter text. | **Title:** | Click here to enter text. |
| **Supervisor’s phone:** | Click here to enter text. | **Email:** | Click here to enter text. |
| **Anticipated start date:** | Click here to enter text. | **Anticipated end date:** | Click here to enter text. |
| **Anticipated number of hours intern will work per week:** | | | Click here to enter text. |

**The internship provider agrees to**

* Provide the intern with practical work experience in some aspect of writing, rhetoric and/or technical communication.
* Provide the student with policies and operational procedures to which the student is expected to follow during the course of the internship.
* Discuss with the intern and the internship coordinator any poor work performance or difficulties that may arise before terminating an internship.
* Complete an evaluation of the intern’s performance near the end of the internship.