



CSTW 4191: Internship in Professional Writing

Elizabeth Weiser, Internship Coordinator

Newark Campus

Office: Warner 244 Phone: 740-366-9175 email: weiser.23@osu.edu

The Ohio State University at Newark

Internship Agreement: **Supervisor**

Overview of Agreement

_____ agrees to work a total of **7-8 hours per week** in a 14-week internship
(Name of Student)

with _____ from **1/13/2014** to **4/21/2014**.
(Name of Organization or Business) (Date) (Date)

Employer/Supervisor's Information (to be completed by employer)

Company Name

Company Address

Web Address (if available)

Name & Title of Intern's Supervisor

Supervisor's Email Address

Phone

Are you an OSU Alumnus? Yes No

Please provide a brief overview of the intern's responsibilities this internship period. In place of the overview, you may attach a current job description:

Supervisor's Agreement

This company/agency agrees to provide a structured internship experience that will provide the student with the opportunity to enhance his/her understanding of professional writing in the workplace, to apply concepts and skills developed through classroom education, and to develop new skills. The agency also agrees to: review safety precautions & standards, provide worksite supervision, evaluate the intern's performance with the internship coordinator at the end of the internship period, and report the total hours the student spent at the internship.

Internship Supervisor's Signature

Date



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Internship Agreement: Intern

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(Name of Student)

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Intern's Information (to be completed by Student)

Intern's Name

Student ID Number

Address

Phone Number

Major(s)

OSU email address

Semester/Year of Expected Graduation

Semester in 4191

I give the Professional Writing Internship Program permission to use excerpts, anonymously and confidentially, from my reports/resume for program publicity & educational purposes (this is optional): YES NO

Intern's Agreement

I agree to abide by the requirements that govern the Professional Writing Internship Program and I have received a copy of these requirements in the course syllabus and this agreement. I understand that failure on my part to complete any of the requirements in a timely manner will result in the assignment of an unsatisfactory grade. I acknowledge that I have received from my internship site satisfactory information concerning the risks of working at the site (if any). I hereby release The Ohio State University, its trustees, officers, and employees from any liability for injuries or damages sustained while participating in the Professional Writing Internship Program, other than those injuries or damages that are directly attributable to the negligent or intentional acts of university employees. I understand that any damages sustained by the internship employer as a result of my conduct are my responsibility.

Intern's Signature

Date

Professional Writing Internship Program Information

The Professional Writing Coordinator will provide guidance and supervision for any of the requirements associated with the student obtaining academic credit for this internship. The Coordinator will also assist the participating internship location and student with all related matters.

Coordinator's Signature

Date