Internship/Practicum Contract – Professor McMillion
for courses Com. 1193 and 4393

Internship/Practicum Coordinator:
Clark McMillion--Department of Communication
590 Lucas
One University Boulevard
St. Louis, MO 63121
314-516-6724

Student Information: (If the address below is not the same as the address the university has for you, you may miss several correspondences).

Name: ___________________________ Student #: ___________________ Phone #: ___________________
Street Address: ___________________________________________________________ Apt. #: __________
City: _____________________________ State: __________________ Zip: ________________

Previous Courses in Related Field:

Internship or Practicum Course Information:
Course Number (please circle) Com 1193 or Com 4393, Fall, Spring, or Summer--Number of Credit Hours: ________
Location of Internship:
Company./Agency/Organization: ____________________________________________
Dept.: ____________________________
Supervisor’s Name and Title: __________________________ Ext.#: _______________
Supervisor’s Phone #: __________________________ Ext.#: _______________
Supervisor’s Complete Mailing Address: ______________________________________

Student’s Requirements, Responsibilities, and Duties:

Approximate Work Schedule:


Total Number of Hours Per Week: __________
Total Number of Hours for the Semester: __________
(Number of hours for should total 150 for 3 credit hour internships and practicums.)

Grading:
The student will be evaluated on the following basis:
Midterm report 20%
Final report and Project 40%
Site supervisor evaluation (this is a suggested grade, the coordinator assigns official grade) 40%

Approval Signatures: Students should sign only if they have read the syllabus for the course!!

Student: ___________________________ Date: __________
Site Supervisor: ___________________________ Date: __________
Internship/Practicum Coordinator: ___________________________________________ Date: __________