

Employer Form for Internships
Department of Marketing
Middle Tennessee State University

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Intern's Name: _____

Please attach to this form:

JOB DESCRIPTION that includes specific job duties and activities

Internship Data

Job Title _____

Job Location

Compensation _____

Job Period _____

Special Requirements
(language, computer skills, etc.)

Brief Description of Company _____

I agree to:

1. Provide the intern and the internship coordinator with a complete, accurate description of the duties and responsibilities associated with the internship prior to employment.
2. Supply an evaluation of the student's performance at the end of the internship.
3. Inform the Department of Marketing internship coordinator of the student's failure to make himself /herself available to offered experiences or failure to respect the employer's policies.

Supervisor's Signature: _____ Date: _____

Internship Coordinator: Dr. Ricky Fergurson, MTSU Box 40, Murfreesboro, TN 37132

615.898.2370

Ricky.Ferguson@mtsu.edu



LEARNING AGREEMENT

Student Name			
Student Cell			
Major			
Term Year			
Student Address			
Student Email			
Name of Supervisor			
Title			
Supervisor Email			
Supervisor Phone #			
Is your supervisor related to you in any way (parent, sibling, in-law, etc)?	Yes___ No___ (If so, the MTSU Instructor will contact you for more information)		
Sponsoring Company/Organization			
Company Address			
Expected Hours to be Worked		Hourly Pay Rate	

The internship begins with a list of learning objectives. To the degree possible, these objectives should be specific, measurable, and realistic. They should also reflect what activities the student will do during the internship. Objectives should relate to curriculum goals and be judged worthy and appropriate by the student's department chair.

OBJECTIVES	

The student acknowledges that he/she is working under a site supervisor, deriving educational benefit from the experience, and is receiving course credit; moreover, he/she is not guaranteed employment upon conclusion of the internship/co-op experience. Please initial: _____

Signature: _____ Date: _____
(Sponsoring Organization)

Signature: _____ Date: _____
(Student)

Signature: _____ Date: _____
(Department Chair at Student's Institution)