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| PU_signature_black | Professional Writing ProgramInternship Work Agreement Form |

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| Intern's Name: |
| Phone: | Email: |
| PW Track: Writing and Publishing Technical Writing |
| Placement Site: |
| Supervisor: |
| Address: |
| Phone: | Email: |
| Goals of Experience*: (please list broader career or learning goals here)* |
| Job Description/Responsibilities: *(please list specific daily responsibilities on the job)* |
| Beginning Date: | Ending Date: |
| Hours/Week: | Work schedule: |
| Is this a paid internship? Yes No | If so, amount to be paid: |
| Signature of Supervisor: |
| Signature of Intern: |