



Student Intern Agreement

This agreement is made in _____ and entered into this _____
City, State
 _____ day of _____, _____ between _____ and _____
Date Month Year Station Call letters
 _____ who agrees to the following:
Student / Intern's Full Name (Printed)

1. Student agrees that he/she has successfully completed certain classroom courses in _____ (insert area of study), prescribed by his/her faculty advisor or department head at _____ University / School in order to participate in this internship program.
2. Station agrees to provide practical experience to the Student for the benefit of the Student, who previously has had only classroom training, in the furtherance of Student's academic education under the close supervision of Station's employees.
3. Station agrees to submit a report of Student's performance to his/her faculty advisor or department head that may be used in determining the amount of academic credit the Student shall receive for his/her internship.
4. Student agrees that he/she shall not be entitled to wages or salary during this period of training with the station.
5. Student agrees that he/she has not been promised employment after the completion of this internship.
6. Student agrees that the term of this Agreement shall not exceed three (3) months from the date of execution.

Student's Signature

Date

Student's address

Student Social Security Number

Student's Address

Student Date of Birth Age

Student's Phone Number

IN CASE OF EMERGENCY
Name: _____

Relationship: _____

Phone: _____

Alternate Phone: _____

Name: _____

Relationship: _____

Phone: _____

Alternate Phone: _____



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Internship Verification by School

Dear Counselor / Instructor:

_____ has applied for an internship with _____.

Student's Name

Station Call Letters

This is to verify that the student listed above is eligible for college credit for participation in an internship at our station. Please verify the following information and return this form to us or have the student return it so we may begin their internship.

Name of College or University: _____

Course of Study / Major: _____

Year in School: _____ (for example, junior, senior, etc)

Anticipated Graduation Date: _____

Grade Point Average: _____

Instructor / Counselor: _____

Student's Signature: _____

To be completed by Counselor or Instructor and returned to station:

The above named student will receive college credit for their participation in an internship program.

Instructor / Counselor Name and Title (Please Print): _____

Instructor / Counselor Signature: _____

Date signed: _____

TV Internship Program Guidelines

Internships are specifically designed to provide training and experience for students interested in broadcasting and television production. The internship program can be a rewarding experience for both the station and the student, if conducted properly. The following is a brief outline of our goals and requirements.

1. Student must be currently enrolled in a college or university that will provide credit for participation in an internship program.
2. Student must be in his or her sophomore, junior, or senior year of study
3. Student must provide written documentation from their school confirming their eligibility for classroom credit for participation in the Internship program. Internship will not be allowed to begin until the receipt of this documentation.
4. Interns will not be allowed to drive company vehicles without approval from the employer's insurance company upon completion of a Motor Vehicle Report review.
5. Student understands this is an unpaid Internship.
6. Each student is evaluated at the conclusion of their internship and a copy of the evaluation is forwarded to their school. Student will be asked to complete an evaluation of their experience with this station.
7. We will try to work around each student's schedule, however, we feel it works best if student plans a four hour minimum on those days worked.
8. The type of training and individual work schedule will be dictated according to the work scheduled on the actual dates that the student is available.

Student's Acknowledgement

Date Signed

Manager's Signature

Date Signed