

Employer Internship Information

The information you supply on this form will help us maintain a record of student internship opportunities with your organization. Thank you for taking time to complete it. Please mail or fax this completed form to:

**Department Internship Coordinator
Department of Communication and Journalism
University of Wisconsin-Eau Claire
Fax 715-836-3820**

Internship Employer Name

Date

Supervisor Name and Title

\$ _____
Compensation

Street Address

Unpaid internship

City State Zip Code

Have you hired one of our students before?

Telephone Fax

No
 Yes

Email

Internship times:

Professional areas in which you offer internship opportunities:

- ____ Advertising
- ____ Broadcast Journalism
- ____ Organizational Communication
- ____ News or Photojournalism
- ____ Public Relations
- ____ Other

_____ fall

_____ spring

_____ summer

_____ variable

Hours/weeks available:

_____ hours

_____ weeks

Please list below or on an attachment the internship job descriptions and skills requirement(s).