



**San José State**  
UNIVERSITY

**INTERNSHIP CONTRACT**  
**Television, Radio, Film, Theatre**

One Washington Square San José, California 95192-0098  
Main Office: (408)-924-4530 FAX: (408)-924-4574  
Director Fall/Spring: **Kim Massey**  
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Internship start date:

Semester:

20

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: ( ) - \_\_\_\_\_ Phone#2: ( ) - \_\_\_\_\_

**PLACEMENT INFORMATION**

Supervisor's Name and Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone#1: ( ) - \_\_\_\_\_ Phone#2: ( ) - \_\_\_\_\_

Will the intern be paid for the semester's work? \_\_\_\_\_ If so, at what rate? \_\_\_\_\_

Intern's work schedule: (**Hours to be completed: minimum 100 per semester**) \_\_\_\_\_

**NOTE:** On the back of this contract, please provide the following: A list of the intern's learning objectives (at least 5 objectives); and, a list of duties and responsibilities required by the internship position (be as detailed as possible.)

**CONTRACT-AGREEMENT**

**NOTE: No contract will be approved and no student may begin work with any organization without proof of liability insurance. This must be submitted with this contract. Thanks.**

**Student:** I hereby request **RTVF 198 & TA 198** for 3 units of academic credit. I will not begin working for the site until this form contains all required signatures *and* until the site has provided me with proof of liability insurance.

\_\_\_\_\_  
(Student's signature) (Date)

**Supervisor:** I will provide on-site supervision and do certify that this internship is known and approved by this company/business or organization. I will provide the student with **proof of liability insurance** (students should NOT begin work until this has been submitted), **a written evaluation of the student's performance, including the number of hours worked, the type of work, and its quality.** I will submit the evaluation by the last day of class in the semester.

\_\_\_\_\_  
(Placement supervisor's signature) (Date)

**Approval:** Has the internship contract been approved? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Internship Director's Signature) (Date approved)