

Department of Communication Internship
109 Old Student Union
Western Carolina University
Cullowhee NC 28723

EMPLOYER'S JOB DESCRIPTION

(To be completed by the employer. This form should be completed for each type of job listed.)

Name of Intern Student: _____

Company Name: _____

Address: _____

Phone: _____

Personnel Representative: _____

Title: _____

Direct Supervisor (if known): _____

Basic Qualifications (e.g., GPA, acceptable majors, class, skills, etc.): _____

DUTIES AND RESPONSIBILITIES OF POSITIONS

1. The primary duties of this job are best classified as:

_____ Educational	_____ Medical
_____ Technical	_____ Managerial
_____ Research & Development	_____ Administrative
_____ Human Services	
_____ Other _____	

2. Number of hours to be worked per week _____ for _____ weeks.

3. List the major responsibilities and the approximate proportion of times required for each.

a. _____

_____ %

b. _____

_____ %

c. _____

_____ %

d. _____

_____ %

The student is required to be professionally engaged for 150 hours to receive three hours of university credit for his or her internship.

4. Will the student participate in formal training periods? ____ Yes ____ No

If yes, describe length and type: _____

If no, describe how student will be trained: _____

5. Please list if applicable: Starting Salary: _____

Fringe Benefits: _____

Employer's Name (please print) _____

Employer's Signature _____

Title or position _____

Student will not be enrolled in the internship until faculty approval is obtained.

Faculty approval _____ Date _____