



**SOUTHERN**  
ADVENTIST UNIVERSITY  
School of  
Journalism and Communication

# Student Contract

Student Name: \_\_\_\_\_

ID: \_\_\_\_\_

Student mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Please check one:*

Coop

Internship

Practicum

Today's Date: \_\_\_\_\_

Internship/Practicum to be registered as: **(check one)**

BRDC  COMM  COOP  JOUR  PREL  PHTO  291  391  465  492

Credit hours requested for internship: \_\_\_\_ (Note: summer tuition rate charged for summer internship, practicum, coop registrations.)

Student's Major: \_\_\_\_\_ Class:  FR  SO  JR  SR

Hours completed in major: \_\_\_\_\_

Hosting organization: \_\_\_\_\_ Depart-

ment: \_\_\_\_\_

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

Field supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Best way to reach supervisor by phone: \_\_\_\_\_

Supervisor E-mail: \_\_\_\_\_

Internship/practicum dates: \_\_\_\_\_ Minimum clock hours: \_\_\_\_\_

Please explain student's responsibilities during the course of his/her internship/practicum:

1)

2)

3)

4)

5)

The student agrees to meet the terms of this contract punctually and faithfully and keep a daily log of primary activities. The supervisor agrees to direct and guide the student in performing the responsibilities outlined and to provide final evaluation (on following page). The faculty adviser will check with field supervisor for an informal progress report about half way through and then for final evaluation before submitting final grade.

Student's signature/Date

Field supervisor's signature (Date)

\_\_\_\_\_

\_\_\_\_\_

Faculty advisor's signature/Date

Department approval (if internship) \_\_\_\_\_

\_\_\_\_\_