



Employer Agreement for Marketing Internship

Student Name:	SID #:
Intern Title/Position:	
Supervisor's Name:	Title:
Company Address, City, State, Zip:	
Supervisor E-Mail:	Supervisor Phone:
Beginning date of internship:	Ending date:
Number of internship hours per week (min. 10):	Hourly rate:

Employer Commitment

1. We will provide a formal structured training program for the intern.
2. We will provide three (3) confidential evaluations of the intern (roughly once per month).
3. Please provide a list of objectives, mutually developed and agreed upon by you and the intern.

4. Please briefly summarize the activities the student will perform and specific skills and experiences the student will acquire in the internship.

As the immediate supervisor, I agree to abide by the objectives and target activities throughout the internship.

Signature

Date