

Department of Marketing & International Business 367 Todd Addition Pullman, WA 99164-4730 Phone (509) 335-0924, Fax (509) 335-3865

## INTERNSHIP LEARNING AGREEMENT

This agreement must be completed and approved by all parties prior to the student registering for internship credits.

STUDENT INFORMATION				
Name:	ID #:			
Major:				
Your address while on the internship:				
INTERNSH	IIP SITE INFORMATION			
Sunaryisor's Nama				
	Email:			
Internship Starting Date:	Completion Date:			
Hours per week on Internship:	Compensation/Wages:			
Other Compensation/Reimbursement (meals, travel, lodging)	):			
<ul> <li>be performed by the intern during his/her internship. Attach</li> <li>Tasks/Duties relevant to developing: <ol> <li>Communication Skills (e.g., preparing a written report</li> <li>Interpersonal Skills (e.g., participating in a group-bast channel of distribution, supervising others, etc.)</li> </ol> </li> <li>Analytical Skills (e.g., analyzing company financial datasets)</li> </ul>	rt, making an oral presentation, utilizing multi-media, etc.) sed activity, dealing with a client, customer, and/or other member of the ata, conducting a SWOT analysis, researching a competitor, etc.) nd solving a marketing business problem, developing a promotional plan,			
FACULTY/ADMINISTRATION				
Faculty Coordinator:	Phone: Email:			
MKTG 498 (Marketing Internship) credits to be earned:	credits Semester/Year:			
Academic requirements (check all that apply):  Marketing/Promotional Plan (or other relevant plan), appendices)  5-page typewritten narrative of the internship experie Term paper (specify topic): Journal/diary				
Journal/ulary	DUE D1			

(see back of this page for signatures)

## **SIGNATURES**

As parties to the Agreement, we have accepted the responsibilities as stated on this form.

For Employer/Supervisor: I have discussed the internship and this agreement with the student. I agree to supervise the intern and provide an orientation concerning organizational policies, procedures, and functions, and meet regularly with the intern. I agree to conduct an evaluation of the student and to participate in a site visit or conference call with the student and WSU Internship Faculty Coordinator.

Student:		Employer/Supervisor:	
	(Signature/date)		(Signature/date)
Faculty Coordinator:		Department Chair:	
	(Signature/date)		(Signature/date)