**UW-Eau Claire**

**Department of Management and Marketing Internships**

**Company Agreement**

Student intern instructions: Once you have accepted an internship, complete all the information below and give to your supervisor. Return signed form to your internship coordinator (this can be attached to the eform application form). You will not be eligible to receive credit for this internship until the agreement has been signed and returned.

Intern Supervisor instructions: Please read and sign this agreement, or contact us with any questions.

**Internship Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Academic or Certificate Credit: check one: |  | Academic Credit |  | Transcript | | |  | Certificate Credit |
| Position Title |  | | | | | | | | |
| Internship Dates: | Start |  | | | Finish |  | | | |
| Company Name: |  | | | | | | | | |

**Student Information**

|  |  |
| --- | --- |
| Name: |  |
| Email Address: |  |
| Student ID #: |  |

**Intern Supervisor Information**

|  |  |
| --- | --- |
| Name & Title: |  |
| Email Address: |  |
| Telephone: |  |

My company and company employees agree to adhere to the requirements of the UW-Eau Claire Management and Marketing Department Internship Program, which includes completing an evaluation of the student upon the internship’s completion.

I understand that by participating in this Internship Program, student interns will be permitted to share, while still following the guidelines of the company’s confidentiality requirement, experiences gained during their internship with fellow students. Such sharing may include, but not be limited to: organizational behavioral issues, organizational communications, and challenges involving managing a diverse and multigenerational workforce. I understand that this information will not be used for any other purposes than for the sake of enhancing students’ educational benefits. On behalf of the company, I consent to such activities.

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**Intern Supervisor Signature Date**