

THE GEORGE WASHINGTON UNIVERSITY  
SCHOOL OF MEDIA  
AND PUBLIC AFFAIRS

**MEMORANDUM OF AGREEMENT**

The School of Media and Public Affairs, through its internship programs, assists students in gaining a richer understanding of media, politics and government. We thank you and your organization for agreeing to provide an internship experience for:

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(Student's name)

The purpose of the Memorandum of Agreement is to indicate to us that your organization is aware of the academic aspects of this internship. Your signature on the document indicates that you have read this Memorandum and agree with its general content.

1. The individual involved in this internship is a student engaged in an academic activity, of which this internship is the primary part. A Learning Contract has been drawn up between the student and the faculty advisor, who is a member of the faculty of the School of Media and Public Affairs. At any time the intern's supervisor may call the faculty advisor at (202) 994-6227 to discuss the student's performance or any other matter concerning this internship.
2. The student is registered for \_\_\_ credit hours for this internship and must work 5 hours per week per credit with a recommended maximum of 15 hours per week. It is important to note that the student can receive these credits only if the internship experience outlined below is provided. Any significant change in the student's responsibilities should be reported by the student, in writing, to the faculty advisor.
3. As the work supervisor you agree to provide the student with substantive (non-clerical) work assignments and to provide a written evaluation of the student's performance at the end of the semester.
4. The faculty supervisor will write to the intern's work supervisor near the end of the semester, requesting an evaluation of the intern's performance. This is an important element in determining the student's academic credit for the course.

**MEMORANDUM OF AGREEMENT (continued)**

Please outline the nature of the internship and the specific job responsibilities.

This may change during the course of the semester (as noted above, *significant* changes must be reported in writing to the faculty advisor).

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\_\_\_\_\_  
Name of supervisor and title

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Name of internship organization

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Telephone number & email address

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\_\_\_\_\_  
Mailing address, including zip code

\_\_\_\_\_  
Date