

**MousePaw Media
Academic Internship Request**

Date: _____

Employee Name: _____

Employee ID: _____

Internship Supervisor: _____

Academic Details

Institution: _____

Academic Advisor: _____

Internship Coordinator: _____

Credits: _____

Quarter Semester

Start Date: _____ End Date: _____

NOTE: The completed and fully signed institutional paperwork *must* be turned in to both the Company Internship Supervisor and all concerned parties at your Institution *before* you can begin your Academic Internship.

**MousePaw Media
Academic Internship Request**

NOTE: The academic internship cannot begin until this form AND all institutional paperwork are completed, signed, and turned in to the Company Internship Supervisor.

STUDENT/EMPLOYEE

By signing this form, you, the employee, confirm that you understand and agree to the following terms of the academic internship.

During the approved time period, you will be compensated solely in academic credit at your institution of enrollment. You must comply with both institutional and company policies regarding your academic internship; in situations where policies conflict, your company internship supervisor should be consulted. Once this form has been signed by all parties, no other compensation, including equity, will be provided to you by the company for any work completed between the Start Date and End Date indicated on this form; this cannot be canceled or retroactively amended.

Failure to complete learning goals, comply with policies, or otherwise fulfill the requirements of the academic internship WILL result in a failing grade. Neither your institution nor MousePaw Media are obligated to award a passing grade, nor an opportunity to repeat the Academic Internship.

Employee Signature

Date

COMPANY INTERNSHIP SUPERVISOR (COMPANY STAFF)

By signing below, you, the company internship supervisor, are signifying receipt and approval of this form AND all institutionally-required paperwork for the academic internship. Your signature is required before the student's Academic Internship can begin.

Please provide your phone number and email address, so that you may be contacted by institutional faculty if necessary.

Internship Supervisor Signature

Date

Phone: _____

Email: _____

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ACADEMIC ADVISER OR INTERNSHIP FACULTY ADVISER (INSTITUTIONAL FACULTY)

By signing below, you, the academic/internship faculty adviser, are signifying receipt and approval of this form AND all institutionally-required paperwork for the academic internship. Your signature is required before the student's Academic Internship can begin.

Please provide your phone number and email address, so that you may be contacted by the Internship Supervisor if necessary.

Academic/Internship Faculty Advisor Signature

Date

Phone: _____

Email: _____

INTERNSHIP COORDINATOR (INSTITUTIONAL FACULTY)

By signing below, you, the institutional internship coordinator, are signifying receipt and approval of this form AND all institutionally-required paperwork. Your signature is required before the Academic Internship can begin.

Please provide your phone number and email address, so that you may be contacted by the Internship Supervisor if necessary.

Internship Coordinator Signature

Date

Phone: _____

Email: _____