## CDES Internship Enrollment Form and Employer Verification

Student Name			Date			
Student IDEmail _	Phone					
Important! • Provide all information reque • Return this form to MADT De • Students without this form or	partment w	ithin the fir				
<ol> <li>Indicate internship term (e.g. Spring 2024)</li> </ol>						
2. Name of direct supervisor at place of work						
3. Supervisor phone number						
4. Supervisor email						
5. Name and address of company/organization						
	City	.yState		Zip		
<ul><li>6. Circle number of units desired</li><li>One unit requires 60 hours of work</li><li>7. List intern duties</li></ul>	1 Unit 50 hrs	2 Units 100 hrs		4 Units 200 hrs		6 Units 300 hrs
Student Signature						
I agree to complete all internship requiremen	nts as outline	ed in Blackb	oard Learn	1.		
Intern Signature:	Date:					

## **Employer Verification of Internship**

Department of Communication Design at CSU, Chico CDES Internship Coordinator: Prof. Tom Welsh (twelsh@csuchico.edu)

The Department of Communication Design at CSU, Chico seeks to ensure that students enjoy high quality internship experiences that further their academic and professional careers. As an employer, your participation in this effort is critical.

Please verify that the internship you are offering meets the expectations below, by checking each box. Upon completion of an internship, each student provides an assessment of the experience to department faculty. Internships do not meet the expectations listed below may be discontinued.

		Yes		
1.	The intern will perform tasks that reflect the his/her area of interest (e.g. print-based graphic design, video production, UI/UX, web design, etc.)			
2.	The intern will perform tasks under the direction of a supervisor with expertise in the intern's field.			
3.	The supervisor will serve as a mentor to the intern, offering professional feedback, advice, and support.			
4.	4. The employer will ensure that the intern works the appropriate number of relative to the unit requirement of the internship (1 unit for each 60 hours of work).			
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ganizatic	n/Business Name:			
ernship <sup>.</sup>	Γitle:			
pervisor	Name: Signature: Date:			
ern Nam	e: Signature: Date:			