Technical Communication Certificate
Internship Learning Agreement

This form represents an agreement between the Student, Supervisor, and Internship Coordinator and MUST be signed by all three parties and submitted before the EPD 398 Course Begins

Name and student ID#: 

Date/semester of internship: 
☐ Fall 20___ ☐ Spring 20___ ☐ Summer 20___

Internship information
Company/Organization: 

Address: 

City, State, Zip: 

Supervisor: 

Email address and phone number: 

Communication duties/responsibilities
Please provide a brief description of the position and your responsibilities: 

What specific communication tasks will you complete in this position (e.g. writing/editing technical reports, documenting procedures, giving presentations to company representatives or the public)?

Is this a full-time or a part-time position? (N.B. The TCC internship assumes a minimum of 80 hours total.)

This document represents an educational agreement among 
(1) the student undertaking the internship 
(2) the company or organization sponsoring the internship student 
(3) the Technical Communication Certificate Program, College of Engineering, UW-Madison

Any significant modifications to the internship duties require the agreement of all three parties.

Student Signature: Date: 

Sponsor/Supervisor Signature: Date: 

Internship Coordinator Signature: Date: 

Please return this form to
Laura Grossenbacher
1513 Engineering Drive, ME 2107C
Madison, WI 53706
lrgrossenbac@wisc.edu