

**COLUMBIA COLLEGE INTERNSHIP PROGRAM
EMPLOYER AGREEMENT**

Student Name _____

Company Name _____

Supervisor _____

Address _____

Phone [] _____

FAX [] _____

e-mail _____

As a Columbia College Internship Program Employer, I agree to provide a learning opportunity within this work experience as described below:

Supervisor's Signature

Date

Please complete and return this form to:
Bill First 6611 North Mozart Street Chicago, IL 60645
bfirst@colum.edu
Internship Coordinator/Photography Department/Columbia College Chicago