

**Partnership Proposal Form**  
**ECL Internship Program, Department of English and Comparative Literature**

**PART I**

Section to be completed by business or organization

Business or organization: \_\_\_\_\_ Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of application: \_\_\_\_\_ Work hours sought: \_\_\_\_\_

Internship title: \_\_\_\_\_ Department (if applicable): \_\_\_\_\_

Semester requested (indicate one):  FALL  SPRING  SUMMER I  SUMMER II  OTHER (please explain): \_\_\_\_\_

Compensation (indicate one):  PAID please indicate the amount: \_\_\_\_\_  UNPAID

***The ECL Internship Program requires that Partners offering unpaid internships comply with the Department of Labor's requirements for internship programs under the Fair Labor Standards Act.*** I verify that my business or organization complies with the Fair Labor Standards Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that typing my name on the line above constitutes a legal signature.*

Section to be completed by business or organization

**In 500 words or fewer, please provide a description of the internship. The proposal must include:**

- a) a description of the tasks the student will perform and their relationship to the major and their educational benefit to the student;
- b) a timetable for the internship (please note that students must work at least 100 hours to get credit for their internship and no more than 9 hours per week during academic semesters);
- c) if you have any additional information relevant to the internship, please provide it here.

- I am attaching an advertisement of the position, to be posted upon the approval of the Partnership Proposal.*
- I understand that if my proposal is accepted, I must identify an Internship Liaison who will supervise the student.*

*Please submit this form by email to the Internship Program Coordinator. Please find the Internship Program Coordinator's contact information on the ECL Internship Program website.*

**PART II**

Section to be completed by Internship Program Coordinator

The Partnership Proposal Form has been reviewed. The proposal is (indicate one):

APPROVED AS IS

REQUIRES MORE INFORMATION (please provide details and return to the business or organization applying)

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NOT APPROVED (provide rationale): \_\_\_\_\_

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Internship Program Coordinator signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I understand that typing my name on the line above constitutes a legal signature.*

*The Department of English and Comparative Literature must retain a copy of this Partnership Proposal Form for a minimum of two years.*