

WRITING INTERNSHIP PROGRAM, ENGLISH 4986:
INTERNSHIP AGREEMENT WAIVER
Department of English Marquette University Milwaukee, WI 53233
Phone: 414.288.7179 Fax: 414.288.5433

Student Name: _____ MU ID# _____

Company/Organization Name: _____

Professional Supervisor: _____

Faculty Sponsor: _____

Semester: _____

I, _____, hereby authorize the Department of English to release to the professional supervisor named above any information about my academic standing and progress, including my overall grade point average, a list of courses completed toward my degree, any other academic information, and information regarding any relevant professional experience possessed by the college. The purpose of such release is to facilitate my participation in the internship program with the supervisor's sponsor organization.

Also, I hereby release Marquette University, the Department of English, and the College of Arts and Sciences from all liability arising from all claims and actions whatsoever, including attorney's fees, arising in any manner from my internship with _____. I have full knowledge of the activities involved in this internship, and I freely agree that I am personally responsible for all risks of injury or damage to person or property arising in any manner from my participation in this activity. My signature hereunder indicates that I have read and fully understand this waiver.

SIGNED: _____ **DATE:** _____