For Official Use Only

o Approved o Not Approved

Date: / /

# DEPARTMENT OF COMMUNICATION

**Internship Application Form**

## I. INTERN INFORMATION

*Name*: S*tudent #*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Address* (during term of internship):

*City*:

*State:* *Zip:*

*Phone:* *Email:*

*Intern’s Signature:*

1. **Faculty Supervisor Information**

*Faculty Supervisor (please print):*

*Faculty Supervisor Signature:*

*(can be electronic or via email)*

1. **Sponsoring Organization Information**

*Name of Organization*:

*Name of Work Supervisor*:

*Address*:

*City*:

*State:* *Zip:*

*Phone* *Email*

*Work Supervisor Signature*:

*(can be electronic or via email)*

**THE FOLLOWING INFORMATION SERVES AS A CONTRACT BETWEEN THE INTERNSHIP DIRECTOR, SPONSORING SUPERVISOR AND THE INTERN**

## IV. TIME FRAME FOR INTERNSHIP

Start date: End Date:

Number of Academic Credits/Hours:

## V. WORK SCHEDULE

Please determine with your sponsor the hours you will be working fill in the hours per day per week for the semester in which you will be getting credit. Note, you need 120 hours total for 3 credit hours, and 60 hours total for 1.5 credit hours.

Mon Tues Wed Thurs Fri Sat Sun

## VI. INTERNSHIP EXPERIENCE

In order for you to make the most of your internship experience, it is necessary for you to set definite goals and objectives. Discuss with your sponsor the specific responsibilities you will be given during the internship and then complete the following:

**Goals or Projects**

*Set four specific goals or projects that you plan to accomplish during your internship* (e.g., write ten press releases).

1.

2.

3.

4.

*Set three specific skills that you can improve upon or learn through your internship* (e.g., creative writing skills).

1.

2.

3.