

**MEDIA INTERNSHIP, PROFESSIONAL PRACTICUM
& OTHER PRACTICUMS**

Department of Journalism and Media Studies

Student's Name: _____ Student's U#: _____

Student's E-mail: _____ Student's Phone#: _____

Credit Hours Requested (1-3) _____

Semester/Year: ___ Fall ___ Spring ___ Summer _____ Year

 ___ MMC 4945 ___ MMC 6945

 ___ JOU 3940 ___ JOU 4941 ___ JOU 3944 ___ VIC 3943

 _____ Course Reference Number (CRN)

Student will receive a grade of S/U for the internship hours.

Location of Internship: _____

Start Date: _____

End Date: _____

Duties and Responsibilities:

(This should be completed in consultation with your on-site supervisor)

Intern work schedule:

(Indicate the days and hours you will be at your internship; for example Mon-Wed, 1-5)

On-site supervisor's name and title: _____

On-site supervisor's phone number: _____

On-site supervisor's e-mail address: _____

Signature of student: _____

(I hereby agree to the terms outlined in the department's *Internship Policies & Requirements*.)

Approval of Director: _____