CMJ 695 Application Form
Internships in Communication and Journalism

(Application must be submitted and approved before enrollment in CMJ 695)

Part One  (to be completed by applicant)

Semester and year of internship _____________  Credit hours sought ___________
Name ___________________________________ ID# ____________________
Local Address ________________________________
Phone ________________________ Email __________________________
Major ______________________  Credit hours earned to date _______________

Please list courses you have taken that provide a background for this internship
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Personal Address while doing internship (if different from above)
_________________________________________________________
_________________________________________________________
_________________________________________________________  Phone_______________

Email ____________________________

On an attached page, please provide the following information:

1. A brief description of the duties you will perform during the internship. Be as specific as possible.

2. A concise statement about the things you hope to learn from the internship. For example: What questions about your career will you try to answer? What aspects of your prior course work will be helpful to the successful completion of this internship? How will the internship make use of the specific skills and theories you have learned in class?

3. A brief, specific “contract” statement about the final paper you will write. (10 pages long, typed, 12-point font, double-spaced.)
**Part Two**  (To be completed by the student’s on-site Internship Supervisor)

On-site Supervisor  (print name)  ____________________________________________

Title  ____________________________________________

Sponsoring business or organization  ____________________________________________

Email  ___________________________  Phone  ___________________________

Address  ____________________________________________

Internship Dates: From  ___________  To  ___________

Wages, Salary, Stipend (if applicable)  ___________

**Internship duties:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

* On-Site Supervisor signature  ___________________________ Date  ___________

(required)

**Part Three**

(Departmental Approvals)

*Approval, CMJ 695 Coordinator  ___________________________ Date  ___________

(required)

*APPROVAL, CMJ Dept. Chair  ___________________________ Date  ___________

(required)