

CMJ 495 Application Form

Internships in Communication and Journalism

(Application must be submitted and approved before enrollment in CMJ 495)

Part One (to be completed by applicant)

Semester and year of internship_____

Credit hours sought _____

Name_____ID# _____

Local Address _____

Phone_____Email _____

Major_____Overall GPA_____GPA in major _____

Credit hours earned to date _____

Will you have earned at least 53 credit hours before BEGINNING your Internship?

(circle) YES NO **JR/SR** standing YES NO

Have you taken at least 12 credits of CMJ courses? YES NO

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) _____

Intern's duties:

***Signature Of On-Site Supervisor** _____ **Date** _____
(required)

Part Three

(Departmental Approvals)

*Approval, CMJ 495 Coordinator _____ Date _____
(required)

*APPROVAL, CMJ Dept. Chair _____ Date _____
(required)

CMJ 495: Supervisor's Evaluation Form

**Department of Communication and Journalism
University of Maine**

Supervisors should complete this form and return it directly to:

Professor Michael J. Socolow
Internship Coordinator
Department of Communication and Journalism
5724 Dunn Hall, Orono, Maine 04469-5724
email to michael.socolow@maine.edu

Name of sponsoring organization: _____

Supervisor's Name: _____ Title: _____

Email address: _____

Student Intern's Name: _____

Can you verify the number of hours completed? To the best of my knowledge, the above named Intern completed _____ hours this semester. (1 credit = 50 hours; 3 credits = 150 hours)

Please rate the performance of the intern in each of the following areas on a scale of 1-5, with five being high and one being low:

A. Dependability	1	2	3	4	5
B. Attitude toward work and colleagues	1	2	3	4	5
C. Initiative and independent thinking	1	2	3	4	5
D. Professionalism in speech, dress, and conduct	1	2	3	4	5
E. Responsiveness to direction, criticism, and orders	1	2	3	4	5
F. Quality of performance and work produced	1	2	3	4	5
G. Creativity in solving problems	1	2	3	4	5
H. Competence in communication skills	1	2	3	4	5

Please give your overall impression of the intern in the space below. You may include as an attachment or attach another sheet of paper, if necessary. Your feedback is greatly appreciated!

Signature of Supervisor _____ Date: _____

Please check one:

- I would like this evaluation to remain confidential.
 I would like this evaluation to be shared with the Intern.