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:
Dr. Judith Rosenbaum
Internship Coordinator
Department of Communication and Journalism
5724 Dunn Hall, Orono, Maine 04469-5724
email to judith.rosenbaumandre@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.