

Communication Department Internship Application:

| Student Name: | | Student ID: | | | Date: | |
|--|----------------|-------------|---------------------------|----------------|--------|--|
| Email Address: | Primary Phone: | | | | | |
| Communication Track: | | | Enrollment Status: Junior | | Senior | |
| Internship Desired for: | Fall | Spring | Summer | YR : 20 | _ | |
| Name of organization where internship will be conducted: | | | | | | |

List up to 6 Communication classes (minimum 3 classes) you have completed that have prepared you for the internship, and the grades earned:

| Course Name | Course Number | Grade Earned |
|-------------|---------------|--------------|
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Credit hours desired: **3 6**

NOTE: During **Fall** and **Spring** semesters, **3 hours of internship** requires <u>**9 hours per week at the**</u> <u>host organization</u>. During **Summer** semester, **3 hours of internship** requires <u>**18 hours per week at**</u> <u>the host organization</u>.



What type of experience would you like to gain?

List any initial contacts with a sponsor or host organization

Note: Students may not register for class until application has been reviewed and approved.