

Internship Application - A-State School of Media & Journalism MDIA 4603

Name: _____
(first) (middle initial) (last) student ID #

Major: _____ Emphasis: _____ Overall hours completed: _____

Academic adviser: _____ Hours completed in the major: _____

Proposed Internship site: _____ paid/unpaid? _____

Worked here before? (Explain your job.) _____

Address: _____
(Street or Box) (City, State) (Zip Code)

Proposed Internship supervisor's name and title: _____

Proposed Internship supervisor's direct phone number: _____

Proposed Internship supervisor's email address: _____

Estimated Start Date: _____ Estimated End Date: _____

Estimated number of hours to work each week (150 minimum total): _____

Specific days/hours of work shift, if known: _____

Proposed Internship Supervisor (signature above) date

Student contact: Cell phone: _____ Other phone: _____

Mailing address: _____

Email address(es): _____

Resumé submitted to Internship Coordinator _____ Date How? _____

Student/Intern (signature above) date semester, year

Internship Approval:

_____ CMP or MMJ

Program Coordinator (signature above) date circle program