

_____ hours per week
_____ credit hours
_____ OK from M. Porter

**DEPARTMENT OF COMMUNICATION
INTERNSHIP APPLICATION FORM**

Semester of intended internship _____

Name _____ Student # _____

Current Address _____

Current Phone _____ E-Mail _____

Please make sure that your permanent address is on file in the office.

Permanent Phone _____

Expected graduation date _____ GPA _____

INTERNSHIP AGENCY _____

CONTACT PERSON, TITLE _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____ E-Mail _____

FAX NUMBER _____

Expected Job Duties: _____

Communication courses completed		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other related experience/internships (include dates and location):

How did you find out about this Internship _____