

**BROADCAST & CINEMATIC ARTS INTERN APPLICATION**

THIS SIDE TO BE COMPLETED **BY STUDENT**:

PLEASE ATTACH **TRANSCRIPT** AND COMPLETED **FACULTY NOMINATION FORM**.

NAME \_\_\_\_\_

ID # \_\_\_\_\_ SEMESTER OF INTERNSHIP CREDIT: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

LOCAL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOW MANY CREDITS DO YOU PLAN TO RECEIVE FOR THIS INTERNSHIP? \_\_\_\_

What are your present career goals?

How will your BCA courses relate to this internship?

To what electronic media area will your internship pertain?

Describe your BCA cocurricular activities:

Provide the names of two BCA faculty members who could speak to your academic/professional ability:

List broadcasting courses in which you are presently enrolled:

Total college credits completed to date: \_\_\_\_\_

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Student's Signature

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THIS SIDE TO BE COMPLETED BY **PROFESSIONAL SUPERVISOR**:

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

On the average, how many hours per week would the intern spend on the job? \_\_\_\_\_

What will be the starting and ending dates of the internship?

\_\_\_\_\_ to \_\_\_\_\_

What duties do you expect the intern to perform?

What kind(s) of supervision will the intern receive?

How will the intern be compensated?

Do you agree to fill out and submit grade evaluations? (Example of evaluation form is attached.)

Additional information or comments (if any):

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Professional Supervisor's Signature

**BCA DEPARTMENT USE ONLY**

\_\_\_\_\_ Internship approved \_\_\_\_\_ Other :

\_\_\_\_\_ Internship denied

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