



**INTERNSHIP APPLICATION**

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

NAME \_\_\_\_\_

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

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

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

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?

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

Please read and check boxes:

- I sent an Affiliation Agreement to the Internship Coordinator
- CMU has processes in place for reporting issues related to harassment, abuse, sexual misconduct, discrimination, or other illegal behavior witnessed/experienced during your internship. If you need help, reach out. See:  
[https://www.cmich.edu/office\\_president/OCRIE/Pages/default.aspx](https://www.cmich.edu/office_president/OCRIE/Pages/default.aspx)

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Student's Signature



SCHOOL OF  
**BROADCAST &  
CINEMATIC ARTS**  
CENTRAL MICHIGAN UNIVERSITY

THIS SIDE TO BE COMPLETED BY PROFESSIONAL SUPERVISOR (if needed):

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?

How will the intern be compensated?

Do you agree to fill out and submit grade evaluations? (Yes/No.)

Additional information or comments (if any):

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Professional Supervisor's Signature

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**BCA DEPARTMENT USE ONLY**

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

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