

BROADCAST & CINEMATIC ARTS INTERNSHIP APPLICATION

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

PLEASE ATTACH (1) **TRANSCRIPT** AND COMPLETED (2) **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? _____

What are your present career goals?

How will your internship relate to BCA coursework?

What area/position is your internship concerned with?

Describe your BCA cocurricular activities:

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

READ & CHECK BOX

Central Michigan University 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

Student's Signature

Date

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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?

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

Does your agency already have in place, or are you willing to sign an Affiliation Agreement with CMU (Yes/No)?

Additional information or comments (if any):

Professional Supervisor's Signature _____ Date _____

BCA DEPARTMENT USE ONLY

_____ Internship approved _____ Other:

_____ Internship denied