Integrative Public Relations

**Application for Internship**

**Please provide all requested information. After filling out the forms, email a completed application, signed internship agreement and up-to-date resume to Dr. Diane Krider, Internship Coordinator, kride1ds@cmich.edu.**

Today’s Date:       Number of Credit Hours Requested:

Semester of Requested Internship Credit:       Year:

Name:       CMU ID#

Local Address:

Local Phone:

Home Address:

Home Phone:       E-mail:

Signed IPR major  Yes  No Advisor:

Signed minor  Yes  No Department

Junior/Senior Standing (56 credit hours minimum)  Yes  No

# Required IPR Internship Courses Completed

# *Course Number Title Semester Completed*

IPR 101 Foundations of Integrative Public Relations

BCA 311 Broadcast and Cable Copywriting

COM 264 Organizational Communication

or

or

COM 365 Persuasion and Social Influence

JRN 202 Writing for the Mass Media

JRN 302 Introduction to Graphics/Visual Communication

JRN 350 Public Relations Principles and Practices

JRN 369 Advertising and Public Relations Research

JRN 450 Public Relations Writing

## Other IPR Major Courses Completed

# *Course Number Title Semester Completed*

           

## IPR Major Courses Currently Enrolled In

# *Course Number Title Semester*

           

           

                             

List any other communication related courses you have taken (COM, BCA, ART, MKT, etc.):

1.

2.

3.

Briefly describe any previous on-campus or off-campus public relations related work experience:

1.

2.

3.

Please rate yourself in the following areas by circling the number that best describes your current skill/competency level:

5 = Highly Skilled

4 = Skilled

3 = Adequately Skilled

2 = Minimally Skilled

1 = Not Skilled *Comments*

Journalistic Writing  1  2  3  4  5

Desktop Publishing  1  2  3  4  5

Graphics and Design  1  2  3  4  5

Computer Applications  1  2  3  4  5

Public Speaking  1  2  3  4  5

Conducting Research  1  2  3  4  5

Time Management  1  2  3  4  5

List any other special skills that you possess that would contribute to a successful internship:

1.

2.

3.

List two full-time CMU faculty members who have agreed to serve as references. At least one must be a faculty member from the IPR core:

***Name Department Phone***

1.

2.

### IPR Field Supervisor Internship Information

Name       Title

Organization

Business Address

Business City       State       Zip

Business Phone       Fax

E-mail Address

Internship Starting Date       Internship Ending Date

Approximate number of hours each week the intern will be working

Briefly describe the duties you expect the intern to perform.

Describe the kinds of supervision/critiques the intern will receive.

What form of compensation, if any, will be awarded to the intern?

Additional conditions or comments.

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###### **Supervisor’s Signature Date**

### IPR Internship Credit Agreement

Name       CMU ID#

IPR Advisor       Minor

Organization       Location

Semester/Year of Internship        Number of Credit Hours

INSURANCE STATEMENT: While not required, the student is encouraged to have health insurance during the internship and understands that Central Michigan University is not liable for any injuries or illnesses the student may incur during or as a result of the internship.

I have reviewed and accept the internship requirements outlined by the Field Supervisor, the IPR Internship Coordinator and the insurance statement above.

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##### **Signature of Intern Date**

IPR Internship Coordinator Approval

Number of credit hours approved

Semester

Section

Required number of work hours

Required assignments:

Journal

Field Supervisor Evaluation

Professional Portfolio

Final Paper

Assessment

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***Internship Coordinator’s Signature Date***