Application for Internship School of Communication, Journalism, and Media

Please provide all requested information. After filling out the forms, email a completed application, signed internship agreement, and up-to-date resume to wojci1jj@cmich.edu.

Today's Date: Number	Number of Credit Hours Requested:			
Desired Program for Internship Credit:				
☐Advertising	□Journalism			
☐ Broadcast & Cinematic Arts	☐ Multimedia Design			
☐ Cinema Arts	□Photojournalism			
☐ Communication	☐ Public Relations			
Semester of Requested Internship Credit:	Year:			
Name:	CMU ID#:			
Cell Phone: Ho	me Phone:			
Home Address:				
Signed Major: ☐ Yes ☐ No Email Ad	dress:			
Department: Advisor:				
Signed Minor: ☐ Yes ☐ No Departm	ent:			
Junior/Senior Standing (56 credit hours minir	num): 🗆 Yes 🗆 No			
Briefly describe any previous on campus or of	f campus professional work experience:			
1				
2				
3				
List any other special skills that you posses that	at would contribute to a successful internship:			
1				
2				
3				

Number of Credit Hours A Course Name/Number:	ternship Coordinato	eter:e e Reference Number:		
Number of Credit Hours A Course Name/Number: Required Number of Worl	ternship Coordinate approved: Semes Course a Hours: □ Journal □ Professional Portfolio	or Approval eter: e Reference Number: Field Supervisor Evaluation		
Number of Credit Hours A Course Name/Number: Required Number of Worl	ternship Coordinato approved: Semes Course k Hours:	or Approval eter:e Reference Number:		
Number of Credit Hours A Course Name/Number:	ternship Coordinato approved: Semes Course	or Approval ster: e Reference Number:		
Number of Credit Hours A	ternship Coordinato	or Approval eter:		
ln [·]	ternship Coordinat	or Approval		
,				
Signature of	 Intern	Date		
Major Advisor: Organization: Semester/Year of Interns INSURANCE STATEMENT: W the internship and understar student may incur during or	Minor: Location hip: Number Thile not required, the student is ends that Central Michigan Universions as a result of the internship. The internship requirements outline	D#: on: er of Credit Hours: ncouraged to have health insurance during ity is not liable for any injuries or illness the ed by the Field Supervisor, the Internship		
	•			
contact the internship coordi	See: https://www.cmich.edu/office_nator immediately, wojci1jj@cmic			
discrimination, or other illeg	or reporting issues related to hard al behavior witnessed/experienced	assment, abuse, sexual misconduct, d during your internship.		
CMU has processes in place j	Department:	Phone/Email:		
Name:	Department:	Phone/Email:		

Field Supervisor Internship Information

Name:		Title:		
Organization:				
Business Address:				
Business City:	State:		Zip:	
Business Phone:		Fax:		
Email Address:				
Internship Starting Date:		Ending D	ate:	
Approximate number of hou	rs each week the i	ntern will be	working:	
Briefly describe the duties yo	ou expect the inter	rn to perform	n:	
Describe the kinds of superv	vision/critiques the	intern will r	eceive:	
What form of compensation	, if any, will be awa	rded to the i	ntern?	
Additional conditions or con	nments:			
			<u> </u>	
Supervisor's Sign	ature		Date	