



Application to Enroll for Internship Credit

W. Page Pitt School of Journalism &
Mass Communications
Marshall University

Complete and return this form to your Internship adviser before enrolling for credit.

Semester: Spring ___ Summer ___ Fall ___

Student's Name: _____

Student Number: _____

JMC Major: _____

Full address, telephone number, and email address where you will be staying during your internship?

Internship employer (full name of company, complete address, email address and telephone number):

Your immediate supervisor (full name, title, complete address, email address and telephone number):

Give the dates you will begin and end your internship:

Begin _____ End _____

Give the days of the week and the hours of the day you will be working:

Rate of pay (If applicable): _____

Total number of hours to be completed during the internship period: _____

Summary statement of internship job description:

List of specific responsibilities:

I agree that the information on all sides of this form is correct and accurate. I also agree to talk with my Marshall Internship adviser each week, e-mail a weekly report, submit a complete portfolio and report of my work by the designated due date and complete the stated hours of work as designated by my professional supervisor.

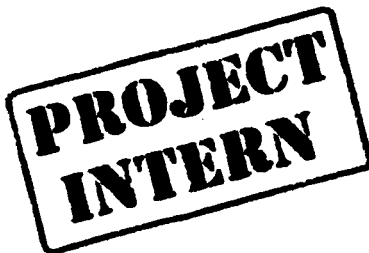
(Student Intern)

(Date)

I agree that the information on all sides of this form is correct and accurate. I also agree to talk with my intern's Marshall internship adviser each week and to complete a midterm and final evaluation in addition to providing the supervision and work experiences stated on this sheet.

(Professional Supervisor)

(Date)



SPECIAL NOTE: The internship advisers extend much appreciation to the professional supervisor for the cooperation in making this internship possible.

I hereby give Marshall University and its internship advisers my permission to use both my image and written work from my internship experience for promotion of the internship program.

(Student Intern)

(Date)