



# Application to Enroll for Internship Credit

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

Complete and return to your internship adviser to receive permission to enroll for credit.

Semester: Spring \_\_\_ Summer \_\_\_ Fall \_\_\_

Student's Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

JMC Major: \_\_\_\_\_

Check the courses listed below that you have completed:

\_\_\_ JMC 201 \_\_\_ JMC 241 \_\_\_ JMC 221 \_\_\_ JMC 245 \_\_\_ JMC 330 \_\_\_ JMC 231

**List the cell phone number and email address for you during your internship?**

**List your internship employer's full company name, complete company address and telephone number:**

**List your immediate supervisor's full name, title, complete address (if different from above), email address and telephone number:**

**Give the date you will start and finish your internship and days of the week and hours you will be working as an Intern (i.e. May 15 to Aug 20, 8:30 a.m. to 4:30 p.m, Monday through Friday):**

**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 both sides of this form is correct and accurate. I also agree to submit a weekly report, schedule an onsite visit or conference call, complete a final 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 both sides of this form is correct and accurate. I also agree to work with my intern to schedule an onsite visit or conference call with the internship adviser and to complete a 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)