

Application for Internship Course Credit

Department of Communication and Culture
1790 East 10th Street
Ashton-Mottier
Bloomington, IN 47405

Name: _____
Student ID _____
Major(s) _____
Class Standing: _____ JR _____ SR

Date: _____
Email address: _____
Minor(s) _____
Expect. Graduation _____

Local Address: _____
Local Phone: _____
Address and phone where you can be reached during internship: _____

Dates of your internship experience: _____
How many hours per week will you be working? _____ Paid or unpaid: _____?
Internship Title: _____
Company/Organization name and address: _____

Please provide a brief description of the Company or Organization:

Please provide a description of the responsibilities you will be expected to perform as an intern at this site.

Site Supervisors Name/Title: _____
Supervisor's Address: _____
Supervisor's Phone _____ Email: _____

Please attach a detailed list of learning goals for your internship experience. These should be detailed, concise goals that you will use to evaluate your internship at the end of the semester. Please present a neatly typed copy with your submitted application and keep a copy for your records.

I agree to abide by all rules and regulations set forth by Indiana University and the company where I am interning. Further, I agree to uphold the highest standards of Indiana University and the Department of Communication and Culture. I understand that failure to do so may constitute a failing grade for the course.

Signature: _____ Date: _____

Student Response to Internship

Please complete and submit, along with your final paper, to the CMCL Internship Coordinator at the completion of your internship.

Name: _____

Date: _____ Email: _____

Company: _____

Address: _____

Contact: _____ Title: _____

Dates of Internship: _____

Description of Internship: _____

Significant Professional Duties: _____

Best liked: _____

Least liked: _____

Additional Comments: _____
