



**COLLEGE OF COMMUNICATION
INTERNSHIP APPLICATION & APPROVAL FORM**

Check Major:

Comm Studies **Journalism** **PR/Advertising** **RTF** **Writing Arts**

NOTE: You must have the prior approval of your advisor before you can accept an internship.

Semester: Fall 20____ Spring 20____ Summer 20____

Student's name: _____ Rowan ID _____

Address: _____

Local phone: _____ Cell phone: _____

Email address: _____ Total semester hours completed: _____

Do you have a minor or specialization? _____ Month and Year of Graduation: _____

Full name and address of firm providing internship: _____

Name and title of immediate on-site supervisor: _____

Supervisor's address: _____

Supervisor's phone: _____ Supervisor's email address: _____

Please attach a description of duties you will perform at the site. It is understood that the description of duties constitutes an agreement between all parties concerning the specific tasks to be performed by the student while undertaking the internship. Any change in these duties without the consent of all parties shall void the agreement.

How many hours will you work per week? _____ Is the internship **paid** or **unpaid**?

How many credits will you earn? **3 credits (120 hours)** **6 credits (240 hours)**

Date the internship begins: _____ Approx. date the internship will be completed: _____

Immediate on-site supervisor's signature: _____ Date: _____

STUDENT AGREEMENT: The information on this page is accurate. I have received the course syllabus and understand the expectations and assignments.

Student's signature: _____ Date: _____

Academic Advisor's signature: _____ Date: _____

Chairperson's signature (**PR only**): _____ Date: _____

Please return this form to the Internship Coordinator in YOUR MAJOR.