

COM 4990 INTERNSHIP APPLICATION FORM

Name _____ WIN # _____ Date of Birth _____

Address _____ Phone _____

WMU E-mail address _____ COM GPA _____

Major _____ Minor _____ Overall GPA _____

Semester / Year _____ Credit Hours: 1 2 3 (CIRCLE ONE)

(NOTE: Effective Fall Semester 2004, all internships will be graded as Credit/No Credit.)

DESCRIPTION OF INTERNSHIP

Name of Interning Organization _____

Sponsor _____ Title _____ Telephone _____

Internship Objective: (Attach position description)

Hours/Week _____ No. of Weeks _____ Start Date _____ End Date _____

Materials to be produced/Method of Evaluation:

The evaluation will be completed by the Faculty Sponsor and will be based upon the following:

- On-going submission of journals and final copy of all journals 20%
- A copy of all work produced, portfolio quality 20%
- The Intern Sponsor mid-semester evaluation 20%
- Final Paper 20%
- Final Sponsor evaluation 20%

Calendar:

- E-mail updates to faculty sponsor every two weeks
- Additional communication via e-mail, phone or in person as needed
- All materials are to be submitted to your faculty advisor on the Wednesday *prior* to finals week of the semester/session registered.

As a student in the School of Communication at Western Michigan University, I understand the requirements and responsibilities for my internship. I authorize representatives of the School of Communication to add this class to my schedule, according to the information above.

Signature of Student

Signature of Faculty Advisor

Signature of Director

Date