SCHOOL OF COMMUNICATION INTERNSHIP APPLICATION
Please check which internship credit you are seeking.

COM 4990 INTERNSHIP

JRN 4990 INTERNSHIP

Name: _______________________________ WIN#: _______________________________

Date of Birth: __________________________

Address: (street, including apartment number)
____________________________________________
(City, state, zip code)
____________________________________________

WMU email address: _______________________________

Phone: ______________________________________

Major: _______________________________________

Minor: _______________________________________

REQUIRED INTERNSHIP INFORMATION

Type of Internship (e.g. marketing, PR, Journalism etc.): _________________________________

Name of Internship Organization: _________________________________

Street Address of Interning Organization: _________________________________

City, State and Zip Code of Internship: _________________________________

Web Address of Internship: _____________________________________________

About the interning organization: _____________________________________________

________________________________________________________________________

Interning organization’s mission:
________________________________________________________________________

Internship objective: _____________________________________________________
Description of intern responsibilities: ________________________________________________
                                                                                      
______________________________________________________________________________
                                                                                      
______________________________________________________________________________
                                                                                      
______________________________________________________________________________
                                                                                      
______________________________________________________________________________
                                                                                      
______________________________________________________________________________

REQUIRED REGISTRATION INFORMATION

Semester of Internship:____________________________________________________________

Start Date (On or near the first day of the semester, negotiable):_____________________

End Date (On or near the last day of the semester, negotiable):_______________________

Number of Hours Per Week You Will Be Interning:__________________________________

Number of Credit Hours You Wish to Enroll:  1  2  3  4  5  6

Name of Intern Supervisor (at the interning organization):___________________________

*** Please note that all letters of offer, internship applications, position descriptions, verification of hours worked and intern evaluations shall be signed by a full-time employee or campus advisor. A student may not be supervised for internship credit by a graduate or undergraduate student.

Credit: College credit toward communication major, minor or general electives. **One hour of college credit is earned for a minimum of 40 hours of internship work.** A maximum of six credit hours may be earned for a single internship (please refer to the following link for more information: [http://www.wmich.edu/communication/academics/undergraduate/internship.html](http://www.wmich.edu/communication/academics/undergraduate/internship.html)).

Students shall declare the number of credits they plan to earn during their internship when they apply. **Once the semester or internship begins, the credit hours cannot be altered without financial penalty for the student.** Please speak with the faculty advisor about this if you have questions.

*Interested students should contact:* Jordan M. Tyler (com-internships@wmich.edu)
REQUIRED SIGNATURES
Please initial by each statement as you have read and understand the conditions.

1. I understand that in order to earn academic credit I shall pay for the credits for Com 4990 added to my schedule
   ____________ (initial here)

2. As a student in the School of Communication at Western Michigan University, I authorize representatives of the School of Communication to add this class to my schedule according to the information above
   ____________ (initial here)

3. If the number of requested credits is omitted from the information above, I understand that the School of Communication will automatically register me for 3 credits.
   ____________ (initial here)

4. In addition, I understand that to successfully complete my internship I will abide by the following course requirements that are designed to coincide with my intern hours.
   ____________ (initial here)

   I Evaluation: The evaluation and grade of my internship will be completed by Internship Coordinator Jordan Tyler and will be based upon the following:
   • The student’s learning objectives and progress made toward the learning objectives.
   • The student’s journal/logs/observation of all intern activities
   • The student’s copy of all work produced.
   • Verification of hours worked.
   • Final paper/portfolio
   • Any additional coursework as deemed necessary throughout the semester.

   II Calendar:
   • Email updates to faculty sponsor every month.
   • Additional communication via email or in person as needed.
   • All materials are to be submitted to the e-learning drop box by the due dates stated on the syllabus.
   • Internship sponsor evaluation due halfway through the semester on the date stated in the syllabus.
   • Internship sponsor final evaluation due the last week of the semester on the date stated in the syllabus with the rest of the material. The evaluation may be submitted with the student’s materials in a sealed envelope, or the sponsor may submit it separately by the due date.

As a student of Western Michigan University, I understand all of the course requirements and expectations for COM/JRN 4990 and will adhere to the policies stated:

Signature of Student:________________________________________

Intern Supervisor’s (at internship site) Signature:________________________________________

Date: ______________________________

ONCE COMPLETED IN FULL PLEASE TURN THIS FORM INTO THE COORDINATOR OF STUDENT INTERNSHIPS FOR REVIEW.
To be completed by faculty advisor:

COM GPA: _______________        Overall GPA: ______________

Course CRN: ________________

Semester / Year (when registered for credit): _______________

Credit hours:  1  2  3  4  5  6

Signature of SOC Intern Coordinator: ____________________________

Signature of SOC Director: _________________________________

Distribution:  Student; School of Communication; Faculty Advisor

(Revised: 01/15/2014)