

NOTICE

PRIOR TO STARTING AN INTERNSHIP

YOU MUST COMPLETE AND SUBMIT THIS FORM

JOURNALISM INTERNSHIP CHECKLIST

Name _____ ID# _____
 Address _____ Graduation Date _____
 City, State, Zip _____ Phone # _____
 Email Address _____

I intend to take an internship with:
 Company Name _____
 Address _____
 City, State, Zip _____
 Phone Number _____ FAX Number _____
 Internship Supervisor _____
 Email Address _____

CHECKLIST

		YES	NO
1	I have completed all the required prerequisites specific to this internship		
2	I understand that the internship requires 180 hours		
3	I understand that I must produce writing samples after each 30 hours		
4	I understand that I must have my MOU of file prior to starting		
5	I have a letter detailing the scope of duties at the internship site		

I intend to do my internship during _____ Quarter.
 I intend to register for internship during _____ Quarter.

Signed _____ Date _____
Student Signature

Approved _____ Date _____
Department Internship Adviser Signature