



Internship Application for COMM/TCMS majors and for COMM minors

Date _____ Attach **current resume** to this completed form.

Name _____ UIN _____

Cell _____ E-mail _____

Semester of Internship Please state year in blank i.e. 2XXX

Spring _____ Summer I _____ Summer II _____ Summer 10-week _____ Fall _____

Communication Coursework and Eligibility Status

COMM or TCMS courses completed _____

COMM or TCMS courses in progress that will be completed by time of internship _____

NOTE: If these courses total fewer than 12 hours, you must have been a COMM/TCMS major for at least two semesters before you are eligible to enroll in COMM 484- Internship credit.

Cumulative GPR _____ Must have a 2.5 or better OR Dept Head approval _____

If approved, I, _____ (intern's name) request to be enrolled in one (1) hour of COMM 484 credit for the semester indicated above. I understand that internship credit is not available for internship or work experiences completed in the past.

Signature

date

Internship Location/Supervision

Organization Name _____

Organization Street Address _____

City _____ State _____ Zip _____

Supervisor/Contact Name _____

Supervisor/Contact Phone _____

Supervisor/Contact E-mail _____

What duties will you perform as an intern at this organization?

_____ continued on next page



List three (3) goals that you (the intern) have for this internship.

Summary of requirements

1. For Fall or Spring, the intern must work approximately eight (8) hours per week for 14 weeks.

For Summer, the intern must work approximately 23 hours per week for 5 weeks.

First day of internship _____ Last day of internship _____

Students who work for additional hours do so electively. Additional hours of work do not result in additional academic credit.

2. **Reflection paper I** will be due during the 6th week of the semester or 2nd week of Summer Session; **Reflection paper II** will be due during the 14th week of the semester or 5th week of Summer Session. Details of the paper will be posted on Vista/Blackboard at elearning.tamu.edu. It is the intern's responsibility to monitor due dates.

3. The Internship Director will send a **mid-term evaluation e-mail** and a **final evaluation e-mail** to the supervisor. **The supervisor agrees to respond to each e-mail with a brief evaluative statement.** The Department of Communication sincerely appreciates the participation of the supervisor!

Course credit will be based on the Director's evaluation of the two reflection papers and on the Director's assessment of the two supervisor responses.

Signatures acknowledge acceptance of these terms and confirmation of the accuracy of all information provided.

Intern---name printed _____

Intern---name signed _____

Supervisor---name printed _____

Supervisor---name signed _____

Intern shall return both pages of this two page form **plus a current resume** to Ms. Nancy Street, Internship Director, Department of Communication, Suite 107, Bolton Hall, Texas A&M University **prior to** the last day to register for classes for the internship term. n-street@tamu.edu

Internship approved by Nancy Street: signature _____, date _____