University of Northern Colorado
Department of Journalism and Mass Communications
Student Internship/Practicum Application Form

Student Name: _____ Bear #: _____

Circle one: JMC 492 Internship (off campus) JMC 404 Practicum (on campus)

Number of Credit Hours (circle one): 1 2 3 Semester (circle one): Fall Spring Summer Year: _____

Internship or practicum site information

Name of business, newspaper, television station etc. (for practicum, name of on-campus department):

_____

Street address: _____

City: _____ State: _____ Zip: _____

Site supervisor's name and title: _____

Contact information for site supervisor:

Telephone number _____ E-mail address: _____

Important! Attach a brief job description of the intern's responsibilities. Specify number of hours per week. Dates of the internship if other than the full semester.

Final report: ❑ Journal (date, hours, brief description of activities); ❑ Paper (1-2 page reflection on what you learned). ❑ Examples of work (optional). ❑ Other (attach explanation) Due date: _____

(Note: an evaluation form will be mailed to your internship or practicum site supervisor).

Student contact information

Local Address: _____

Phone(s): _____ E-mail: _____

(Note: If above information changes during the internship or practicum semester, please advise the JMC Department Internship Coordinator as soon as possible.)

Internship approval

Student signature: _____ Date: _____

Internship site supervisor: _____ Date: _____

JMC faculty sponsor: _____ Date: _____
(Note: faculty signature affirms student's preparedness for internship.)

JMC Department internship coordinator: _____ Date: _____
(Note: coordinator's signature affirms departmental internship criteria have been met.)

(For coordinator's use) Date cleared for registration: _____