

Department of Mass Media  
**Internship / Practicum Agreement**

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_ SE ID/SO# \_\_\_\_\_

Major Option:  AD  MMJ  PR  TV/FILM

Total Hours Completed:  Hours Completed in Option Sequence:

Semester:  Fall  Spring  Summer Year:

Internship / Credit hours:  3 credit hrs.  2 credit hrs.  1 credit hr.  
Practicum:  3 credit hrs.

Campus Address:

*Street Address*

*City*

*State*

*Zip Code*

Campus Phone

Resume on File?  Yes  No

Starting Date of Internship / Practicum:     
MM DD YYYY

Closing Date of Internship / Practicum:     
MM DD YYYY

Number of Weeks of Internship / Practicum:



**ORGANIZATION / COOPERATING AGENCY INFORMATION**

Organization Name:

Address:

*Street Address*

*City*

*State*

*Zip Code*

Supervisor Name:

Supervisor Title:

Phone Number:

E-mail:

List of Internship / Practicum Work Tasks:

**In order to receive credit for an internship the student must complete at least 60 clock hours of supervisor-directed work time per credit hour.**

(1 credit hour = 60 work hours, 2 credit hours = 120 work hours, 3 credit hours = 180 work hours)

**In order to receive credit for a practicum the student must complete at least 180 clock hours of supervisor-directed work time for the 3 credit hours.**

**Additional Requirements to be fulfilled before credit is granted for internship/practicum:**

- Weekly Time Logs are to be submitted to the appropriate Moodle dropbox at the end of each weekly period, totaling 60/120/180 hours worth of work. A complete print out of the log must be supplied at the end of the internship.
- Two on-job work samples representing the internship/practicum (*can be in draft form*).
- Supervisor's Internship/Practicum Performance Review Form (*available on Moodle site*)
- Student Self & Program Evaluation Form (*available on Moodle site*)

All materials and information submitted for your Internship/Practicum become property of the Department of Mass Media to be maintained in the Resource Room. These items cannot be returned.

Student Signature

\_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature

\_\_\_\_\_ Date \_\_\_\_\_

Internship / Practicum Coordinator Signature

\_\_\_\_\_ Date \_\_\_\_\_

Department Chair Signature

\_\_\_\_\_ Date \_\_\_\_\_