

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 _____