

Department of Communication, Building 36

11000 University Pkwy, Pensacola, FL 32514

COM 4940 Communication in Internship Application

*Complete all items – Must be typed*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | |
| Name: | | | | | | |
| E-mail Address: | | Phone: | | | | Student ID: |
| Mailing Address: | | | | | | |
| City: | | State: | | | | ZIP Code: |
| Overall GPA: *(must be 2.7)* | | Total accrued credit hours: | | | |
| Grade earned in the following courses: PUR3001\_\_\_ ADV3001 \_\_\_ JOU3100 \_\_\_ COM2713\_\_\_ | | | | | | |
| List other professional courses completed: | | | | | Grade: |
| Internship Information | | | | | | |
| Semester/Year of Internship: \_\_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer | | | | | | |
| Organization/Company: | | | | | | Phone: |
| Address: | E-mail: | | | | | Total Hours: |
| City: | | State: | | | | ZIP Code: |
| Position: | | Paid: Y/N (Please circle) | | Pay per hour: $ | | |
| Internship Supervisor Contact | | | | | | |
| Supervisor’s Name: | | | | | | |
| Address: | | | | | | |
| City: | | State: | Supervisor’s Phone: | | | |
| Supervisor’s E-mail Address: | | | | | | |
| Acknowledgement: | | | | | | |
| \_\_\_Initial here that you have read and understand *procedures and course requirements* to earn a satisfactory grade. COM4940 is graded S/U.  \_\_\_Initial here that you are aware and will provide a bi-weekly update to the Internship Coordinator.  **Please note**: Your internship application will not be reviewed until we have received a letter from your supervisor, or an *Internship Request Form,* stating acceptance of your internship with the company/organization explaining your responsibilities as an intern, and a signed UWF*Affiliate Agreement.*  . | | | | | | |
| Dr. Kelly Carr, Department Chair: | | | | | | Date: |
| Approved: Denied: | | | | | |  |