

**Building 36**

**11000 University Pkwy, Pensacola, FL 32514**

**internship Request Form**

# **Internship Summary**

**Organization/Business:**

**Address:**

**Contact Name:**

**Contact Title:**

**Contact Phone:**

**Contact Email:**

**Number of Internships**

**Number of hours:**

**Stipend:**

**Semester:**

# **Qualification Overview**

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| --- | --- | --- | --- | --- | --- |
| **Qualifications:**  **Skills:**  **Comments:**  **Learning objective: (What will the student Learn from internship)** | |  |  | | |
|  |  | | |  |  | |  |

# **Organization or business information**

**Tell us a little about your organization/business.**

**Date Submitted:**

**Please email this form to Laura Kirby, University of West Florida Department of Communication Internship Coordinator:** [lkirby@uwf.edu](mailto:lkirby@uwf.edu)**. Thank you!**