COMM 483 – Internship in Communication

Department of Communication
1 University Drive, 233 Stillwell Building
Western Carolina University, Cullowhee, North Carolina 28723

Student Information

Name of student intern: __________________________________________________________
Student telephone number: ______________________________
Student e-mail: ______________________________
Student emergency contact: ______________________________ Phone ____________________

Employer’s Internship Description

Company Name: _______________________________________________________________
Address: _____________________________________________________________________
Phone: ______________________________
Direct Supervisor: ____________________________________________________________
    Title: _____________________________________________________________________
    Phone: ______________________________ Email: ______________________________
Human Resources Representative: _________________________________________________
    Title: _____________________________________________________________________
    Phone: ______________________________ Email: ______________________________

Required Student Qualifications (Major, GPA requirement, required skills, etc.)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Student Duties and Responsibilities During the Internship

To meet the academic course requirements of COMM 483 the student is required to be engaged in a professional learning experience for 150 hours to receive three hours of university credit.

Number of hours each week __________ for __________ weeks

Please list the major responsibilities the student will have and the percent of time he/she will be involved in that activity.

1. ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Percent of internship ____________

2. ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Percent of internship ____________

3. ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Percent of internship ____________

4. ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Percent of internship ____________
Will the student participate in formal training?  Yes _____  No _____

If yes, describe the type and length of training. ________________________________

____________________________________________________________________

If no, describe any alternate training or professional development experiences.

____________________________________________________________________

____________________________________________________________________

Will the student receive any compensation during the internship?  Yes _____  No _____

If yes, please describe. ________________________________________________

____________________________________________________________________

Proposed start date: ______________________________

Employer’s name: ______________________________

Employer’s signature: ___________________________

Employer’s title: ______________________________

Student will not be given permission to enroll in COMM 483 Internship in Communication until this form is completed and faculty approval is obtained.

Faculty approval ____________________________ Date ________________