INTERNSHIP PROPOSAL

Name ___________________________ Date ___________________________

Address _______________________________________________________

Phone ___________________________ Email ___________________________ V# ___________________________

Internship Supervising Organization _______________________________________________________

Immediate Supervisor and Title ___________________________________________________________

Address _______________________________________________________

Phone ___________________________ Fax ___________________________ Email ___________________________

Description of Position _______________________________________________

Signature of Supervisor ___________________________ Date ___________________________
Print name here

REQUIREMENTS FOR CREDIT

1. Permission of the Department Chair must be obtained before final placement is approved.

2. Internship requires completion of the sophomore year.

3. Intern must work 120 hours per semester to receive three credits towards their degree (40 hours per credit).

4. Intern must register for COAR 492 Communication Arts Internship for the: Fall ☐ Spring ☐ Summer ☐ Year ______________

5. Supervisor must complete the Communication Arts Internship Evaluation Form.

6. Intern must receive at least a satisfactory evaluation from his/her internship supervisor to receive credit. Final grade will be determined by the Department Chair based on Internship Evaluation Form.

Student Signature ___________________________ Date ___________________________
Print name here

Advisor Signature ___________________________ Date ___________________________
Print name here

Chair Signature ___________________________ Date ___________________________
Print name here