

APPLICATION FOR STUDENT INTERNSHIP PROGRAM
Department of Communication Studies

Student Name _____ Student ID # _____

Local Address _____

Email Address _____ Phone: _____

Classification _____ Hours Completed _____

Major _____

Cumulative GPA _____

Career Interests After Graduation:

Semester and year for which you are applying:

Fall _____ Spring _____ Summer _____

Do you have a specific internship in mind? Yes No

If yes, list the company name, contact person, and email address

Company Name _____

Contact Person _____

Email address _____

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Department use only: Application Complete _____

Major _____ Class _____ Cum GPA _____ Comm GPA _____

Dept Core _____ \geq 6 UL Comm hours _____

Internships Sought _____

Placement _____