



The Dorothy F. Schmidt College of Arts and Letters
School of Communication and Multimedia Studies
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School of Communication and Multimedia Studies Internships
Internship Application Form

Please type or print

Name _____ Z Number _____

Local Address _____

_____ FAU E-mail _____

Permanent Address _____

Home Telephone _____ Work Telephone _____ Cell _____

Year in School _____ Major _____ Minor _____

Grade Point Average in Major _____ Grade Point Average Overall _____

Please list the courses you have completed in the School of Communication.

Table with 5 columns: Course Number, Course Title, Professor, Semester, Grade. Includes multiple rows for course entry.

As a prospective intern, what types of placements interest you most? Please list either general areas of career interest or any specific placements in which you may be interested.

Briefly comment on your career objectives. What career area interests you the most?

Have you already had an internship? If so, where? What were your responsibilities?

Have you had any nonacademic experiences that might qualify you for an internship?

Please sign and return the following waiver form with your application.

FLORIDA ATLANTIC UNIVERSITY SCHOOL OF COMMUNICATION AND MULTIMEDIA STUDIES INTERNSHIP CONSENT AND RELEASE

I, the undersigned, wish to participate in a Florida Atlantic University internship program arranged by the Florida Atlantic University (FAU) School of Communication and Multimedia Studies (the School). I state that I am eighteen years of age or older and I am a fully matriculated FAU student. I understand and agree that my participation in the internship program (the Program) is entirely voluntary and in no way constitutes employment with FAU, the State of Florida, or both. I also understand and agree that as an intern I will not be entitled to unemployment compensation based upon any internship employment period.

I state that I am solely responsible for my own participation in the Program and for my own physical well being. I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assigns, all risk of physical injury, accident, or death, and any property loss of any kind which may occur before, during, or after my participation in any aspect of the Program. Being aware of risks inherent in the Program activities, I nonetheless voluntarily choose to attend and participate in the Program activities, and I assume all risks arising out of them, including travel to and from the various Program locations.

In exchange for permission to participate in the Program, I release, acquit, forever discharge and waive any claims which I may have against the State of Florida, the Florida Board of Regents, Florida Atlantic University, the School and their respective employees, officers, and agents of any and all of the foregoing, and I hold them free and harmless of and from all actions, causes of action, claims, damages, and costs arising from and accruing to me on account of any and all accident or injury to me, or death, or loss of any property of any kind directly or indirectly sustained by me as a consequence of my travel to and from, and my participation in any aspect or activity of the Program.

I have read and understand the provisions of the foregoing Consent and Release document and do freely accept its terms.

Signature of Participant

Date

Print Name of Participant