School of Communication and Multimedia Studies Internships

Program of Internship Activities (Syllabus)

Please type or print

Student's Name__________________________________________

Address________________________________________________________________________

__________________________________________________________________________________

Z Number ______________________ Telephone Number ____________________________

Agency Supervisor/Title______________________________________________

Name of Agency____________________________________________________

Address________________________________________________________________________

__________________________________________________________________________________

Telephone/Fax Numbers_______________________________________________

E-mail__________________________________________________________

Responsibilities of the intern:

___________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________
Academic and professional benefits of the internship. Please describe the knowledge and skills that the student intern will be acquiring in this professional area.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

On what specific projects or tasks do you foresee the student intern spending the most time?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Number of hours each week you expect the intern to work____________________

Starting date for the internship___________________________________________

Completion date of the internship__________________________________________

Is the internship paid? Yes _______ No _______

Has the student ever been previously employed with the agency in any other capacity? Yes ___ No ___

If yes, briefly describe the intern's previous responsibilities:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
What hours will the student intern spend at the sponsoring agency each week?

**Timetable**

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(Simply mark in the hours the student will spend each day at the organization.)

To maintain demographics on our placements, the School of Communication and Multimedia Studies requests some additional information. This information is provided at the agency's discretion.

If the agency has a larger affiliation, please describe below:

________________________________________________________________________

________________________________________________________________________

Does the agency receive any outside public or private funding? Yes _____ No _____

If yes, what is the source?_____________________________________________________

If the agency is owned or operated by any of the following, please indicate: African-American, Female, Hispanic, Asian, American Indian_______________________________________
This syllabus of learning activities may not be altered unless agreed on by all three parties involved: the student, the agency supervisor, and the School’s internship director.

Student Signature

Agency Supervisor Signature

Director of Internships Signature