



College of Arts and Letters
School of Communication
& Multimedia Studies
777 Glades Road
Boca Raton, FL 33431
tel: 561-297-3850
fax: 561-297-2615
www.fau.edu

School of Communication and Multimedia Studies
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 and Multimedia Studies.

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



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Briefly comment on your career objectives. What career area are you aiming for, or what professional fields interest you the most?

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As a prospective intern, what types of placements might interest you the most?

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

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



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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 enrolled FAU student. I understand and agree that my participation in the internship Program (course) 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

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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.

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Signature of Participant Date

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Print Name of Participant

Submit this form to:

Neil Santaniello, Senior Instructor  
School of Communication and Multimedia Studies  
Florida Atlantic University  
[nsantane@fau.edu](mailto:nsantane@fau.edu)  
Fax: 561-297-2615  
Phone: 561-212-7446