



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
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

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Other</u>
08:00 - 9:00	_____	_____	_____	_____	_____	_____	_____
09:00 - 10:00	_____	_____	_____	_____	_____	_____	_____
10:00 - 11:00	_____	_____	_____	_____	_____	_____	_____
11:00 - 12:00	_____	_____	_____	_____	_____	_____	_____
12:00 - 1:00	_____	_____	_____	_____	_____	_____	_____
1:00 - 2:00	_____	_____	_____	_____	_____	_____	_____
2:00 - 3:00	_____	_____	_____	_____	_____	_____	_____
3:00 - 4:00	_____	_____	_____	_____	_____	_____	_____
4:00 - 5:00	_____	_____	_____	_____	_____	_____	_____

(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 _____ Date _____

Agency Supervisor Signature _____ Date _____

Director of Internships Signature _____ Date _____