

STUDENT PROFESSIONAL DEVELOPMENT

FORM **E**

INTERNSHIP APPLICATION

Gaylord College of Journalism and Mass Communication
 THE UNIVERSITY OF OKLAHOMA, 395 W. LINDSEY, SUITE 2520, NORMAN, OK 73019
 PHONE: (405)325-3689

Application For:

Name _____ Local/cell Phone _____
Last, First, Middle

Summer 20__

Local Address _____
Street City zip

Fall 20__

Spring 20__

Total cumulative hours earned before this semester _____. Cumulative grade point average is _____. Number of semester hours earned in Journalism and Mass Communication courses **before** this semester is _____. Number of JMC semester hours in which **currently** enrolled is _____. Circle major: JOUR BEM ADV PR PW

Internship credit sought:
 2 s.h. 3 s.h.

A. List below all courses taken (include those in which currently enrolled) in Journalism and Mass Communication:

| Course No. | Title | Semester Taken | Professor | Grade |
|------------|-------|----------------|-----------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |

B. List below all courses you plan to take in any intervening semester, as well as those you anticipate taking during the semester in which you will be enrolled in internship credit, if approved:

| Course No. | Title | Course No. | Title |
|------------|-------|------------|-------|
| 1. | | 6. | |
| 2. | | 7. | |
| 3. | | 8. | |
| 4. | | 9. | |
| 5. | | 10. | |

C. Describe internship being sought. Attach a letter from the supervisor confirming your internship, describing duties, and all contact info for supervisor. He/she must also state they understand you are seeking credit. A full-time faculty support letter is needed if GPA (3.0+) and earned JMC hours (15) are not sufficient.

D. Describe future Career Objectives:

Applicant's Signature

OU ID Number

E-mail address

Date of Application

NOTE: Incomplete applications will not be accepted.

NOTE: APPLICANT SHOULD NOT WRITE ON THIS SIDE OF FORM

| |
|---|
| _____ SIGNATURE OF FACULTY/DESIGNATE |
| _____ DATE ACTION TAKEN |
| ESP |

E. Disposition by sequence faculty or designate is:
_____Approved_____ Disapproved_____ Deferred

If disapproved, give reasons:

If deferred, give reasons and suggested course of action for applicant:

F. Any special portfolio requirements agreed to by applicant and the faculty supervisor of internships:

G. This internship was completed_____. A grade of_____ was recorded in Journalism
Month, Date, Year "S" or "U"
3800 during_____ for_____ based on internship experience at_____.
Semester, Year S.H. Internship Site