

Internship/Senior Portfolio Data Sheet Department of Mass Communications

INTERN'S CONTACT INFORMATION (Please Print)

Your name _____ Student Number _____

Address _____

Phone _____ Your e-mail address _____
(please print clearly)

Internship Starting Date _____ Ending Date _____

Your regularly scheduled hours (eg., MWF, 1-5 pm) _____

(check all boxes that apply):

You wish to enroll in MC 481 MC 482
during the Fall Spring Summer semester

Your Mass Comm. Professional Option:

TV-R Advertising Corporate Comm. Print/Broadcast Journalism

What semester do you plan to graduate? Fall Spring Summer Year _____

When will you turn in your portfolio? Fall Spring Summer Year _____

(Note: If you turn in your portfolio after the internship semester due date, you would be assigned an "I" (Incomplete) grade. The "I" will be changed to a regular letter grade after the portfolio is graded.)

Internship is paid: Yes No Describe payment: _____

After agreeing with your intern supervisor on your assigned duties and responsibilities, please provide a detailed job description: (use other side if necessary).

INTERN SUPERVISOR'S CONTACT INFORMATION (You must provide all this information)

Name _____

Title _____

Organization Name _____

Address (including zip code) _____

Phone _____

Fax _____ E-mail _____

Please circle either FAX or E-mail above to indicate how your supervisor would like to receive your intern evaluation form.