Department of Communication Studies

COMM 4900 Internship Agreement Form

Students must return this form, completely filled out, to Dr. Heather Hundley via email at Heather.Hundley@mtsu.edu. You may also drop off a hardcopy to the department office in Jones Hall 233. If approved, Dr. Hundley will arrange for a POD to be issued, allowing you to register.

Student Information

Name: ___________________________  M#: ___________________________

E-mail address: ___________________________  Phone #: ___________________________

Overall GPA (must be ≥ 2.5 at time of form submission): ________________  Junior or Senior?  Y  N

Internship Semester (Please circle one)  Fall  Spring  Summer

Internship Credit Hours (Please circle one)  1 CH (40 hours of work)  2 CH (80 hours of work)  3 CH (120 hours of work)

Internship Supervisor Information

Name: ___________________________  Title: ___________________________

E-mail address: ___________________________  Phone #: ___________________________

Name of organization: ___________________________

Organization’s Street Address: ___________________________

City: ___________________________  State: _______  Zip: ___________________________

Is this a paid internship?  Yes  No

Supervisor’s Signature: ___________________________  Date: ___________________________

Responsibilities

Student Signature: ___________________________  Date: ___________________________