

**Internship/Senior Portfolio Data Sheet
Department of Mass Communications**

INTERN'S CONTACT INFORMATION (Please Print clearly)

Your name _____ Your 800 Number _____

Address _____

Phone _____ Your e-mail address _____

Internship Starting Date _____ Approximate ending Date _____

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

(check all boxes that apply):

You wish to enroll in () MC 481 (Internship/Senior Portfolio) () MC 482 second internship)
during the () Fall () Spring () Summer semester

Your Mass Communications Professional Option:

() Media Production () Advertising & Strategic Media () 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 'd 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 _____