



APPLICATION FOR INTERNSHIP

All qualified applicants (students) will be given equal consideration regardless of race, color, age, sex, religion, disability or ethnic background.

Date:		
Name:		Social Security #:
Street Address:		
City:	State:	Zip
Referred by:		
College/ University currently attending:		
Credits this semester:	Credits completed:	
Major:	Expected date of Graduation:	
Other Activities:		
Name of Professor & Class Internship is for:		

Schedule of availability:

** Must be available a minimum of 3 days per week **

<input type="checkbox"/> SUN.	_____	to	_____
<input type="checkbox"/> MON.	_____	to	_____
<input type="checkbox"/> TUES.	_____	to	_____
<input type="checkbox"/> WEDS.	_____	to	_____
<input type="checkbox"/> THU.	_____	to	_____
<input type="checkbox"/> FRI.	_____	to	_____
<input type="checkbox"/> SAT.	_____	to	_____

Previous Colleges Attended:	Credits/Degree:
What do you expect to gain from the internship program?	
What are your goals?	
Have you had an internship before? If so, where?	
What were your principal duties as an intern?	

Please note: Qualified applicants must be college juniors and seniors



Areas of major interest (please check):

- | | |
|---|--|
| <input type="checkbox"/> Advertising/Promotion | <input type="checkbox"/> On Air |
| <input type="checkbox"/> Business Affairs | <input type="checkbox"/> Production |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Programming |
| <input type="checkbox"/> Editing | <input type="checkbox"/> Research/ Marketing |
| <input type="checkbox"/> Field Reporting/ Remotes | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Graphics | <input type="checkbox"/> Sports |
| <input type="checkbox"/> News | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> News Writer | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Newsroom Library | |

List 3 references including an instructor or counselor (other than relatives):

- | | | |
|----|----------------------|-------------------------|
| 1. | Name _____ | Phone _____ |
| | Address _____ | Occupation _____ |
| 2. | Name _____ | Phone _____ |
| | Address _____ | Occupation _____ |
| 3. | Name _____ | Phone _____ |
| | Address _____ | Occupation _____ |

FOR OFFICE USE ONLY

INTERVIEWED BY: _____ **DATE:** _____

ASSIGNMENT: _____
Dept. / Div./ Supr. Days & Hours

Additional notes: