

JOURNALISM INTERNSHIP

School of Communication
 Internship Coordinator Dr. Polly Walter
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EMPLOYER'S POSITION DESCRIPTION FORM

Please complete, sign and email to Pollyw@uca.edu

STUDENT'S NAME:					
Company Name:					
Mailing Address:				Worksite Location (if different):	
Supervisor's Name:				Phone:	
Title:				Email:	
Semester Available:		Fall	Spring	Summer	Intersession
SPECIFIC DUTIES OF THE INTERN (please provide details):					
SPECIFIC <u>LEARNING EXPERIENCES</u> THE INTERN WILL RECEIVE (please provide details):					
HOURS PER WEEK: (120 hours total required)				COMPENSATION (if any):	
COURSE BACKGROUND OR SKILLS NEEDED (please be specific):					
PERSONAL CHARACTERISTICS:					
This portion of the form to be completed by employer after interview if student is accepted as an intern. Please return the form to the address given at the top of the page.					
Worksite Supervisor's Name:				Phone:	
Worksite Supervisor's Signature:					