

INTERNSHIP APPLICATION – JOUR 3321

School of Communication
UNIVERSITY OF CENTRAL ARKANSAS
Conway, Arkansas 72035-0001

INSTRUCTIONS: Must be NEATLY typed (use this Word document). **Entire application must be completed, including signature of faculty coordinator, current course history and resume.** Turn in your completed application package to Internship Coordinator Dr. Walter, via email at pollyw@uca.edu, to submit for the Internship Committee approval. If you have questions, please contact Dr. Walter at 501.733.0742 or pollyw@uca.edu

PERSONAL DATA									
Student's Name:		Student ID #:		SEMESTER:					
Local Address:									
Phone:				Email:					
Home Address:							Phone:		
Faculty Coordinator:				Academic Adviser:					
Worksite Company Name:									
Address:									
Worksite Supervisor Name:				Phone:			Email:		
ACADEMIC RECORD									
MAJOR:			EMPHASIS:			MINOR:			
Major GPA:			Overall GPA:			Number of credits earned:			
Expected Graduation Date:					Degree:	BS		BA	
PROFILE									
1. Internship Goals:									
2. Special Skills:									
3. Activities/Organizations:									
4. Interests/Hobbies:									
FACULTY INTERNSHIP ADVISER APPROVAL: I agree to act as Faculty Internship Adviser for this Internship including evaluation of worksite and student intern documents.									
Faculty Signature:							Date:		
Comments:									