

## **Internship Application Form: UA School of Journalism**

**The intern student agrees to the following:**

1. Recognize that you are representing The University of Arizona as an ambassador to the community and abide by the Student Code of Conduct and Code of Academic Integrity.
2. Understand and follow the policies, procedures, rules, and regulations of the sponsoring organization.
3. Be prepared to perform your internship duties for the hours and duration specified. Talk with the supervisor about any University holidays.
4. Discuss with your prospective supervisor at the work site the possible risks and dangers associated with the planned internship. Then complete and sign the *Internship Assumption of Risk Release Form* and submit it to the journalism internship coordinator.
5. Ensure that your direct supervisor is able and willing to submit an evaluation on your behalf. Some organizations have personnel policies prohibiting your supervisor from providing a written intern evaluation. If this is the case, special arrangements must be made for your supervisor to speak directly with the coordinator about your performance.
6. At the conclusion of your internship, complete the *Student's Internship Evaluation Form*, and give it to the internship coordinator.
7. Fulfill requirements of the sponsoring organization, including journalism coursework. If you did not find your internship through the department's listserv, attach to this form a description of your internship, including requirements of the sponsoring organization.
8. Fulfill School of Journalism requirements: be a journalism major or minor, have earned a grade of "C" or better in JOUR 205 (this requirement can be waived if student has reporting experience at Wildcat, UATV or Pima Community College Aztec Press), and turn in clips/tapes or research paper and evaluations at conclusion of semester.
9. If you have questions or problems, contact (520) 626-9219.

Student Name \_\_\_\_\_ SID # \_\_\_\_\_

Local Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Expected graduation \_\_\_\_\_

Current GPA \_\_\_\_\_ Internship semester AND year \_\_\_\_\_

Student signature \_\_\_\_\_ Date signed \_\_\_\_\_

Student Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Internship duration:**                      **FULL-TIME**                      **PART-TIME**

Sponsoring organization \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Supervisor's title \_\_\_\_\_

Supervisor's email \_\_\_\_\_ Supervisor's phone \_\_\_\_\_

Supervisor signature confirming internship \_\_\_\_\_