



OHIO UNIVERSITY

E. W. Scripps School of Journalism

Internship Approval Form

Your internship needs to have adviser approval. Submit this form to your adviser for his/her signature. Once approved, this form will be a part of your permanent file.

Student: _____

Company: _____

Address: _____

Name and Title of Internship Supervisor: _____

Supervisor's Phone number: _____

Internship dates/length: _____

Number of internship hours expected: _____

Briefly describe what this internship will entail:

Adviser Signature: _____

Date: _____