

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.

DATE:	TOTAL HOURS EARNED:
STUDENT:	PID#: P _____
ADVISER:	TRACK:
CATALOG OF ENTRY (e.g. 2013-2014):	MONTH/YEAR EXPECTED GRADUATION:
EMAIL:	PHONE:

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: _____

Submit form to E. W. Scripps School of Journalism, Schoonover 223