

COMM 483 – Internship in Communication

Department of Communication  
1 University Drive, 233 Stillwell Building  
Western Carolina University, Cullowhee, North Carolina 28723

Student Information

Name of student intern: \_\_\_\_\_

Student telephone number: \_\_\_\_\_

Student e-mail: \_\_\_\_\_

Student emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_

Employer's Internship Description

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Human Resources Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Required Student Qualifications (Major, GPA requirement, required skills, etc.)

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## Student Duties and Responsibilities During the Internship

To meet the academic course requirements of COMM 483 the student is required to be engaged in a professional learning experience for 150 hours to receive three hours of university credit.

Number of hours each week \_\_\_\_\_ for \_\_\_\_\_ weeks

Please list the major responsibilities the student will have and the percent of time he/she will be involved in that activity.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Percent of internship \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Percent of internship \_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Percent of internship \_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Percent of internship \_\_\_\_\_

**Please identify possible materials that the student could include in his/her professional portfolio as a result of this internship experience.**

Will the student participate in formal training? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the type and length of training. \_\_\_\_\_

\_\_\_\_\_

If no, describe any alternate training or professional development experiences.

\_\_\_\_\_

\_\_\_\_\_

Will the student receive any compensation during the internship? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

Proposed start date: \_\_\_\_\_

Employer's name: \_\_\_\_\_

Employer's signature: \_\_\_\_\_

Employer's title: \_\_\_\_\_

Student will not be given permission to enroll in COMM 483 Internship in Communication until this form is completed and faculty approval is obtained.

Advisor approval \_\_\_\_\_ Date \_\_\_\_\_

Faculty approval \_\_\_\_\_ Date \_\_\_\_\_

