

Internship Application Form
Department of Communication and Media Studies
University of Southern Maine

Name _____

Address _____

Student ID _____ Phone _____ Email _____

Brief Description of the Internship (use the back of this form for additional space)

Semester/Year _____ Credit Hours _____

Field Supervisor _____
(Name and Title)

Address _____

Phone _____ Email _____

Signatures:

Student

_____ Date _____

Field Supervisor

_____ Date _____

Internship Coordinator

_____ Date _____

