Practicum or Internship Application
Film & Media Arts Program

Applicant: _____ Date _____

Your Phone _____

Best e-mail to reach you during the practicum/internship: _____

No. of credit hrs. you intend to take for practicum or internship _____

How does this practicum/internship advance your career goals?

Sponsoring Organization:

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Website_____

Your Supervisor at the Practicum/Internship:

Name _____ Title_____

Phone _____E-mail_____

Schedule:

Beginning Date _____ Ending Date _____

Hours per day _____ Days Per Week_____

Total number of hours _____

Job Description (provide 3-5 bullet points explaining your duties)