Department of Mass Media

Internship / Practicum Agreement

STUDENT INFORMATION

Student Name: _____________________________________    SE ID/SO# _______________________

Major Option:  □ AD  □ MMJ  □ PR  □ TV/FILM

Total Hours Completed: __________  Hours Completed in Option Sequence: __________

Semester:  □ Fall  □ Spring  □ Summer  Year: __________

Internship / Credit hours:  □ 3 credit hrs.  □ 2 credit hrs.  □ 1 credit hr.
Practicum:  □ 3 credit hrs.

Campus Address:

Street Address

City   State   Zip Code

Campus Phone    __________  __________  __________

Resume on File?  □ Yes  □ No

Starting Date of Internship / Practicum: __________ __________ __________

Closing Date of Internship / Practicum: __________ __________ __________

Number of Weeks of Internship / Practicum: __________
ORGANIZATION / COOPERATING AGENCY INFORMATION

Organization Name: 

Address: 

Street Address: 

City:  State:  Zip Code:  

Supervisor Name:  

Supervisor Title:  

Phone Number:  

E-mail: 

List of Internship / Practicum Work Tasks:

[Blank space for list of tasks]
In order to receive credit for an internship the student must complete at least 60 clock hours of supervisor-directed work time per credit hour.
(1 credit hour = 60 work hours, 2 credit hours = 120 work hours, 3 credit hours = 180 work hours)

In order to receive credit for a practicum the student must complete at least 180 clock hours of supervisor-directed work time for the 3 credit hours.

Additional Requirements to be fulfilled before credit is granted for internship/practicum:
• Weekly Time Logs are be submitted to the appropriate Moodle dropbox at the end of each weekly period, totaling 60/120/180 hours worth of work. A complete print out of the log must be supplied at the end of the internship.

• Two on-job work samples representing the internship/practicum (can be in draft form).

• Supervisor’s Internship/Practicum Performance Review Form (available on Moodle site)

• Student Self & Program Evaluation Form (available on Moodle site)

All materials and information submitted for your Internship/Practicum become property of the Department of Mass Media to be maintained in the Resource Room. These items cannot be returned.

Student Signature

____________________________________________ Date _________________________

Supervisor Signature

____________________________________________ Date _________________________

Internship / Practicum Coordinator Signature

____________________________________________ Date _________________________

Department Chair Signature

____________________________________________ Date _________________________

Deliver this completed form to Michael Simmons, Internship Coordinator
Grauel 104B

Southeast
Missouri State University