

APPLICATION FOR INTERNSHIP

Fine Arts and Mass Communication Department
Francis Marion University

Student's Name _____ Date _____

Soc. Sec. Number _____ GPA in Major _____ Overall GPA _____

Hours completed in major _____ Hours completed toward graduation _____

Local address _____ Phone _____

Home address _____ Phone _____

Semester of Internship _____

Period of Internship (begins) _____ (ends) _____

Number of hours of internship per week _____

Host company, organization, agency

Title _____

Address _____

_____ Phone _____

Field Supervisor (Name and Title) _____

Description of internship (job):

Related courses or field experiences completed:

Approved by:

Field Supervisor _____

Faculty Advisor _____

Department Chair _____