

_____ OK from Internship Director
_____ OK from Department Chair

**DEPARTMENT OF MASS COMMUNICATION & JOURNALISM
MCJ 191: INTERNSHIP COURSE APPLICATION FORM**

PART A: To be filled out by MCJ Student

SEMESTER OF INTENDED INTERNSHIP _____

NAME _____ STUDENT ID # _____

CURRENT ADDRESS _____

CURRENT PHONE _____ EMAIL _____

MCJ OPTION: _____ YEAR IN SCHOOL: _____

By signing this form, I agree to enroll in the MCJ 191: Internship Course upon approval of my internship and the receipt of a permission number. I also agree to complete 150 hours as assigned by my internship organization and submit all forms, required blogs, papers and other written reports and work to the MCJ Internship Coordinator at the required times. I understand that failure on my part to complete any requirement in a timely manner will result in the assignment of a no-credit grade or an incomplete, depending on the situation.

In accepting this internship, I acknowledge the full release of liability on the part of the internship organization, California State University, Fresno, and the Department of Mass Communication and Journalism for any injury sustained while engaged in any activity associated with this internship, including travel to and from the internship site. I understand that the University provides no insurance coverage for me, including Worker’s Compensation or personal liability.

Student’s Signature

Date

PART B: To be filled out by Internship Supervisor

INTERNSHIP AGENCY _____

DIRECT SUPERVISOR & TITLE _____

SUPERVISOR’S YEARS OF EXPERIENCE IN POSITION/INDUSTRY _____

BUSINESS ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

EXPECTED JOB DUTIES _____

By signing this form, I acknowledge that my company or agency agrees to engage this MCJ student as an intern under the same conditions and rules that govern employees without regard to race, color, ethnicity, national origin, age, sexual orientation, pregnancy status, religion, or veteran status.

I also agree to provide the student with appropriate supervision and a varied internship experience designed to provide them with new knowledge and potentially new skills and abilities. I agree to work with my intern to establish learning objectives, read and sign their final paper, and fill out the supervisor evaluation form at the end of the internship that will certify that the student has completed at least the 150 hours required for the awarding of academic credit.

And, I agree not to hold California State University, Fresno, the Department of Mass Communication and Journalism or any of its employees responsible for any injury, damage or loss the intern may cause to the internship organization, its employees or property. I understand that the university provides no Worker's Compensation or personal liability coverage for the student.

If my organization is for-profit and I am not paying my intern(s), I confirm that this internship abides by the Department of Labor Guidelines for Unpaid internships, as listed at:
<http://www.dol.gov/whd/regs/compliance/whdfs71.pdf> (document attached.)

Supervisor's Signature

Date