



Media, Communications and Journalism

## Internship Learning Plan

### STUDENT APPLICANT

First Name: \_\_\_\_\_ Last Name : \_\_\_\_\_

Student ID: \_\_\_\_\_ Year in School: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you enrolled in MCJ 191 in the past? Yes No

I agree to:

- \_\_\_\_\_ enroll in the MCJ 191: Internship Course once the company and internship are approved.
- \_\_\_\_\_ complete 150 hours throughout the \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer, with the last day of the internship being on the last day of the given semester.
- \_\_\_\_\_ complete all assignments associated with the internship that are posted on blackboard. I understand that failure on my part to complete any requirement by the deadline may result in failing grade for the course.
- \_\_\_\_\_ treat the internship as a job and comply with all company rules and regulations. I will fulfill the duties to the best of my ability and complete all tasks in a timely and professional manner.
- \_\_\_\_\_ contact the Internship Coordinator immediately with any concerns or issues that arise in the internship.

In accepting this internship, I understand and acknowledge that neither the University nor the Learning Site assumes any financial responsibility in the event I am injured or become ill as a result of my participating in this learning activity, which includes travel to and from the internship site. I understand that I am personally responsible for paying any costs that I may incur for the treatment of any such injury or illness. I acknowledge that the University recommends that I maintain personal health insurance coverage.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

**COMPANY**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: For-Profit      Non-Profit

**INTERNSHIP/LEARNING OUTCOMES**

Internship position title: \_\_\_\_\_

Type of Internship: Paid      Unpaid

Expected internship activities and duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expected Learning Outcomes associated with the internship (select all that apply).

\_\_\_\_\_ Student Learning Outcome 2.1: Demonstrate correct grammar, spelling and punctuation in written materials.

\_\_\_\_\_ Student Learning Outcome 2.2: Write clearly and concisely in the appropriate media style.

\_\_\_\_\_ Student Learning Outcome 2.3: Develop written content that is appropriate for specific audiences.

\_\_\_\_\_ Student Learning Outcome 3.1: Create media content that addresses a communication goal.

\_\_\_\_\_ Student Learning Outcome 3.2: Prepare professional quality communication materials targeted at a specific audience.

\_\_\_\_\_ Other (please specify)

\_\_\_\_\_

\_\_\_\_\_

**SUPERVISOR**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_

Length of time with the company: \_\_\_\_\_

Years of experience in the areas the student will be involved: \_\_\_\_\_

By signing this form, I acknowledge that my company/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.
- \_\_\_\_\_ provide the student with an orientation that includes a site tour; an introduction to staff; a description of the characteristics of and risks associated with the Learning Site's operations, services and/or clients; a discussion concerning safety policies and emergency procedures; and applicable training and safety equipment that may be needed
- \_\_\_\_\_ guide the student's work and submit a final evaluation to the Internship Coordinator directly by the required deadline (last day of the semester)
- \_\_\_\_\_ provide the student with appropriate supervision and a varied internship experience designed to provide him/her with new knowledge and potentially new skills and abilities.
- \_\_\_\_\_ to work with the intern to achieve the learning outcomes listed above.
- \_\_\_\_\_ ensure that the student completes 150 hours required for achieving academic credit.
- \_\_\_\_\_ not allow the student to do any work that would take away from the duties of a paid employee.
- \_\_\_\_\_ discuss any concerns about the student's performance with the student directly and with the Internship Coordinator in the MCJ department.
- \_\_\_\_\_ not involve the student in any activity that may present any risk or harm not previously discussed and/or disclosed to the University without prior discussion and approval by the Internship Coordinator.
- \_\_\_\_\_ notify the Internship Coordinator in the MCJ department immediately of any injury or illness to the Student as a result of participating in the internship experience.

The Learning Site and the University agree to indemnify, defend and hold harmless each other from any and all liability for any personal injury, damages, wrongful death or other losses and costs, including but not limited to reasonable attorney fees and defense costs, arising out of the negligence or willful misconduct of their respective officers, employees, agents or volunteers in the performance of this Agreement.

The University will provide the student with professional and general liability insurance coverage. The student is required to acknowledge that neither the University nor the Learning Site assumes any financial responsibility in the event of injury or illness as a result of the student's participation, which includes travel to and from the internship site. The student is advised to maintain personal health insurance coverage.

If my organization is for-profit, I confirm that this internship abides by the U.S. Department of Labor Guidelines as outlined here: <https://www.dol.gov/whd/regs/compliance/whdfs71.htm>

Supervisor's signature: \_\_\_\_\_

Date: \_\_\_\_\_