



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

MCJ191: Number of Units to enroll in:

- _____ 1 unit = a minimum of 50 hours total (25 hours completed by mid-term) (working approximately 3 1/2 hrs per week for 15 weeks)
- _____ 2 units = a minimum of 100 hours total (50 hours completed by mid-term) (working approximately 5 hrs per week for 15 weeks)
- _____ 3 units = a minimum of 150 hours total (75 hrs completed by mid-term) (working approximately 10 hrs per week for 15 weeks)

I agree to:

- _____ enroll in the MCJ 191: Internship course once the company and internship are approved.
- _____ complete required 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

*If for-profit, the company internship must be a paid internship.

Type of Internship: Paid Unpaid

INTERNSHIP/LEARNING OUTCOMES

Internship position title: _____

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: _____