**School of Communication Student Internship Application for Credit**

***PLEASE complete all areas & return both sides of form—signed by you— to obtain permit to enroll for appropriate class.***

**Semester *(circle one):***Fall Spring Summer **Calendar Year: \_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **UID Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Pronouns:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** [**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ilstu.edu**](mailto:____________________@ilstu.edu) **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Street Mailing Address** (where you will stay during this internship):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

Street Address City State Zip

**Major *(circle one):*** Com Studies Journalism Mass Media PR Sports Other **Current Cumulative GPA:** \_\_\_\_\_\_\_\_\_

**Year in School *(circle one):***Sophomore Junior Senior Other **Credit Hours Completed: \_\_\_\_\_\_\_\_\_\_**

**SoC Academic Advisor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Number of Previous Internships for Credit: \_\_\_\_\_\_\_\_\_\_**

**Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Internship Mode:** Face-to Face Hybrid Virtual

**Internship Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Start Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ **End Date:**  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

**Credit hours earned for this internship: \_\_\_\_\_\_\_\_\_\_\_\_ Internship hours of service per week: \_\_\_\_\_\_\_\_\_\_**

(1st internship=3 hours; 2nd & beyond=1 hour or more)(minimum for any internship is 144 total hours for the FULL TERM)

***Financial Need?*** *ISU Career Services has access to funds for students with financial need doing unpaid internships. Contact the Career Services office* [*https://careerservices.illinoisstate.edu/*](https://careerservices.illinoisstate.edu/) *for more information.*

***Student Signature:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Signature acknowledges agreement with the requirements presented in the current COM 398 syllabus and with the workplace requirements of the internship provider. Internships for credit provide a grade and credit hours, but are subject to tuition and fees. NOTE: Credit can only be granted for internships during the semester in which they are completed—not retroactively.**

*SoC Faculty Coordinator Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*SoC Faculty Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form revised: April 24, 2024*

Permit Obtained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Contacted \_\_\_\_\_\_\_\_\_\_\_\_\_\_ List \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Class: COM 398A\_\_\_\_\_\_ Section: \_00\_\_\_\_\_\_**

**JOIN HIRE A REDBIRD** … *Your syllabus will show you how. Syllabi are emailed to interns and supervisors in the first week of each term.* ***Hire A Redbird*** *will help you throughout your professional career. Go to* [*https://careerservices.illinoisstate.edu/hire-a-redbird/*](https://careerservices.illinoisstate.edu/hire-a-redbird/) *Start today!*

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**ACKNOWLEDGEMENT OF RISK/EXTERNAL EXPERIENCE FOR CREDIT**

PLEASE PRINT:

Intern’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned acknowledges he/she is a student at Illinois State University (“ISU”), and wishes to participate in a pre-student teaching, student teaching, professional practice, clinical hours, internships, and/ or other external experiences (hereafter “professional practice”) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert internship location) as a part of COM 398. In consideration of ISU’s support of the professional practice, and credit to be earned as a result of my participation in this professional practice, the undersigned understands and acknowledges the following:

1. The undersigned certifies that he/she is capable of participating in this professional practice.
2. The undersigned agrees that he/she is subject to and will observe the standards of conduct set forth in the ISU [Code of Student Conduct](https://deanofstudents.illinoisstate.edu/conflict/conduct/code/) and any applicable policies and/or procedures of the professional practice site while participating in this professional practice .
3. The undersigned understands that the professional practice will take place at a third-party site that may have health and safety standards different from those at ISU, and that undersigned may be subjected to potential risks such as illness or injury. These risks may arise from causes which are many and varied and may not be foreseeable.
4. The undersigned acknowledges and understands that the third-party site is not under the control of ISU and that ISU cannot ensure the appropriateness of the professional practice site, and that ISU makes no assurances, expressed or implied, about the safety practices or suitability of the site.
5. The undersigned represents that he/she will either undertake a personal investigation of the site and/or will otherwise knowingly assume any risks associated with participating in a professional practice at the site.
6. The undersigned will obtain and maintain health, accident, disability, hospitalization and/or travel insurance as he/she may deem necessary during the professional practice and will be responsible for the costs of such insurance and for any expenses incurred that are not covered by insurance.
7. The undersigned acknowledges and agrees that ISU is not responsible for providing any transportation and/or automobile insurance coverage and if the undersigned chooses to use their personal vehicle for the benefit of the professional practice site while performing this professional practice. The undersigned also understands that they are fully responsible for any travel to and from the professional practice, and/or housing at the professional practice site.
8. The undersigned acknowledges and agrees that ISU will not be responsible for any damages, losses, interruption, or liability of the undersigned, that arise from circumstances beyond the control of ISU (including without limitation strikes, work stoppages, accidents, acts of war or terrorism, civil or military disturbances, nuclear or natural catastrophes or acts of God, business interruptions, disease, national or local emergency, government action or inaction, travel restrictions, loss or malfunctions of utilities, communications or computer (software and hardware) services. The undersigned agrees he/she takes full responsibility for any such damages, losses or liabilities.
9. By signing this form, I have read this acknowledgement of risk, fully understand its terms.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(intern)

***A SAFE EXPERIENCE:*** *Everyone in the workplace should feel safe from harassment, intimidation, bullying or any other unacceptable behaviors—especially interns. If you have any experience of this nature, contact your* ***Faculty Coordinator*** *or* ***Internship Program Director Tom Lamonica*** *(contact information above) immediately. While we expect interns to act like professionals throughout their internship experience, we are here to support you and do whatever we can to assure a safe environment for you to learn, grow and advance in your internship.*

***TAKE CARE OF YOU:*** *Even for interns, college life can get complicated. Students sometimes feel overwhelmed, lost, experience anxiety or depression, struggle with relationship difficulties or diminished self-esteem. However, many of these issues can be effectively addressed with a little help.* ***Student Counseling Services (SCS)*** *helps students cope with difficult emotions and life stressors. Student Counseling Services is staffed by experienced, professional psychologists and counselors, who are attuned to the needs of college students. The services are FREE, completely confidential and available even to students living away from campus. Find out more at* ***counseling.illinoisstate.edu*** *or by calling* ***(309) 438-3655.***