

**Internship Enrollment Application**  
*Complete this form and submit to TVR Office Rm. 304 Whitehead*  
**TVRA 4870 (1 Credit) TV & Radio Lab**  
SUMMER year \_\_\_\_\_ Session I \_\_\_\_\_ Session II \_\_\_\_\_

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ CUNYfirst EMPLID# \_\_\_\_\_

NAME \_\_\_\_\_ Email: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Number of credits completed to date \_\_\_\_\_ Current GPA \_\_\_\_\_

I have taken the following TV/R courses: (Please circle all that have been completed).

1165 2616 2265 2420 2726W 3728 3841 3861 3871 3951 4430W 4728

List any other TV/R classes you have taken \_\_\_\_\_

I will intern at: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax number \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Title \_\_\_\_\_

Supervisor's email \_\_\_\_\_ I will intern \_\_\_\_\_ days per week.

My job will be to \_\_\_\_\_

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***PRE-REQUISITE:*** 12 credits in TV& Radio and permission of Chair.

**YOU MUST HAVE YOUR INTERNSHIP IN PLACE TO COMPLETE THIS FORM.**  
Please check syllabus for course requirements. A paper and supervisor's  
evaluation are due at the end of semester.

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**(DO NOT write below this line)**

Permission Granted \_\_\_\_\_ Yes \_\_\_\_\_ No

Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_

Permission Issued on: \_\_\_\_\_