

Internship Enrollment Application

Complete all information on this form and submit to room 304 Whitehead

Semester and year _____

_____ TVRA 4176 = 2 cr for a total of 105 hours (~7 hours/week)

_____ TVRA 4177 = 3 cr for a total of 210 hours (~14 hours/week)

Today's Date ___/___/___ CUNYfirst EMPLID# _____

NAME _____ E-mail _____

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 E-mail _____ I will intern _____ days per week.

My job will be to _____

PRE-REQUISITE: Senior class standing, 12 credits in TV& Radio, and permission of the 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.

(DO NOT write below this line)

Permission Granted _____ Yes _____ No _____

Chair's Signature _____ Date _____

Permission Issued on _____